2		MARYLAND STATE DEPARTMENT OF HEALTH	- 10
-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
~		00105 CERTIFICATE OF DEATH 00105	
	d 2 d 2 d 2 d 4 d 2 d 4 d 4 d 4 d 4 d 4	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Lost 2b. Manth Day Your	. HOURA
	dec	James Vernon Hobott January 6, Day 1969	1.05M
	ful s l	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 1 YEAR	ER 24 HRS.
	executed within 24 haurs after death.  campletely filled in by the funeral emove carbon papers. Pages 1 and 2 any event, within 12 haurs after death.	Male White March 27, 1896 72 YRS MONTHS DAYS HOUR	MIN
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	is a contract of the contract	Yes, no. grunknawn) (If yes give war or disease-service) WAS EARL B. WALKER # 13	
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	attending permit. The	PART I. DEATH WAS CAUSED BY:	DEATH
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	the a e a	Canditions, if any, which gave)  DUE TO, DRY AS A CONSEQUENCE OF	
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	The law requires that the attending physician. has been signed by the se as the burial-transit pth priar ta burial, crematic	PART 2/ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(a)	
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	by the haspital ar attending physician.  by the haspital ar attending physician.  fler this certificate has been signed by the attending physic  be detached far use as the burial-transit permit. Then of  state Dept. af Health priar ta burial, crematian, ar remaval,	atwork atwork	
	by there has be considered by the state of t	22a) I certify that (I) (this haspital) attended the deceased from from from the first in (my) (our) opinion death occurred on the dote and hour ond from the deceased alive on	ve) last
	R: A	saw the deceased alive on 1904, and that in (my) (our) opinion death occurred on the dote and hour ond find courses stated abave, (H) (we) (did) (did not) view the bady after death.	am the
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	AL DOUGH	22d. PHYSICIAN'S 22e. ADDRESS	1
	SPIT 4 m ERA dr, 1 d be	NAME (Type) Peter F. Verkouw, M. D. 1407 Forest Drive, Annapolis, Mary	land
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oval		no		M	rs. Elva Ba	iley, 10	8 5th Ave.	S.E.	UTCDVA)
rem		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line for (a), (b), and BY:	(c).) < 12	rado Pos			BETWEEN CHISET AL	ND DEATH
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		last.	(c)						
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		22b. SIGNATURE	ma,1'n	1.		MED.	STAFF 22c.	DATE SIGNAD	200
		Mon	1 Kerreny	DEGREE	PHYS.	DIRECTOR L	PHYS.	13/69	1111
1		22d. PHYSICIAN'S NAME (Type) Hilar	y T. O'Herlih	y M.D.	22e. ADDRESS				-
•	23a.	BURIAL, CREMATION, 23b. DA	TE 23c. NAME	OF CEMETERY OR CI	REMATORY		N (City ar Tawn)	, ,,	tate)
			Jan. 69 Frie	ndship Ce	emetery 2Sa. REC	Frie	ndship Air	port AA	Mi.
OR	24.	FUNERAL DIRECTOR			44	REGINAR	REGISTRATE	And And	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00107 00107 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR signed by the attending physician and campletety filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and 2 burial, crematian, or remaval, and in any event, within 72 hours after death. 24 hours after death (Type or print) January ANDERSON MATTHEW THOMAS ALVIN 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lass hirthday) Negroid 1888 January 25, Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED U.S. A MARYLAND ANNE ARUNDEI 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR during mast af warking life, even if retired.) give street pddress) **INDUSTRY** carholerery ANNAPOLIS Government 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY YES NO Rt. 5. Box Annapolis Anne Arunde 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last MMN Stansbury Katic Anderson Matthew NMN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Clara Margaree A Yes, ng, or unknown) Anderson -Rt. 5-Bex 1920-1947 230-22-3560 Ves 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) \_\_CHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) PNEUMONITIS AND MULTIPLE LUNG ABSCESSES rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 20b. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES X NO [ 4 may be retained by the hospital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TO DR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram /and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. January 30, 1969 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A.C.J. BRICKEL LT MCUSNR NAVAL HOSPITAL, ANNAPOLIS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION Burn (Specify) Annapelis, Maryland PINE JAWN 19836. REGISTRAR S. SIGNATURE! 250. RECTUBLY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 C.E.HICKS 111 Annapolis,

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10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	109
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day (Type or Print) / F 1/1/2 C 1/1/5 F 1/1/2 RD 1/2 C 1/1/5 F 1/1/2 RD 1/2 C 1/1/5 F 1/1/5 RD 1/2 C 1/1/	Year 2b. HOUR
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delay and 3 M3. Pag tment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 14 HRS.   12 UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   1 UNDER 14 HRS.   2c. DATE PRONOUNCED DEAD   2c. DATE PRONOUNCED DE	2d. HOUR
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T. EN N N	COILHELM BALTROSCH LOCY MARIA POHL  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	
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wi Exo Exo File		APPROXIMATE INTERVAL
rited call	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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fice fice be		18.)
NER: The certifice hauld by iles. shauld liter trian, or triangle.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town C	
	factory affice building atc)	aunty State
DEPUTY DICAL EXAMINER: scessary, please execute the cert e funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shoult prior to burial, cremation,	WHILE NOT WHILE AT WORK AT WORK	
ICAL Es executor. Poped far CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apinian
e e e e e e e e e e e e e e e e e e e	death resulted from:/ Natural causes 🔲 , Accident 🔲 , Suicide 🔯 , Homicide 🔲 , Undetermined manner 🔲	
please director retainer DIREC	CHIEF MEDICAL EXAMINER	
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	24. FUNERAL DIRECTOR , ADDRESS I 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGN	IATURE
VR A15ME (5)	Hardesty Funna Hone, Coloanelle My DATEJAN 28 1969 piliane	o Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

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ro Hospital Page 4 may To Funeral i director, pag should be fill	230		DATE	23c. NAME OF C	EMETERY OF	REMATORY	1 /	ON (City or Tav	,	(Sounty)	(Stote)
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death resulted fram: Natural causes Accident , Suicide , Homicide X, Undetermined manner	
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HOS Je 4 UNI ecto aulo	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR CREMA	ATORY	23d. LOCATIO	N (City or Town)	(County)	(Stote)
Sharing Sharing		REMOVAL(Specify)			ATHEORAL			BURNIE.	' ''	
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1 00114	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA		
		ERTIFICATE OF DEATH	1	00114
1. DECEASED-NAME First (Type or print) Beulal	Middle C.	Bowser	2o. DATE OF DEATH Month Da	2b. HOUR
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F	W	November 2	last hirthdoy)	MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (Stote or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	9. COUNTY OF DEATH  Anne Arundel	
10. CITY OR TOWN OF DEATH  Annapolis	11. NAME OF HOSPITAL OR INS		SUAL OCCUPATION (Kind of work done most of working life, even if retired.) HOUS EWITE	12b. KIND OF BUSINESS OR INDUSTRY
3o. USUAL RESIDENCE (Where deceosedmission) STATE	sed lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CO	TY LIMITS? 13e. STREET AND NUMBER	
Maryland		GlenBurnie	NOX 219 Poplar	Avenue
14. FATHER'S NAME First Seth I	Middle Lost Brooks	1S. MOTHER'S MAIDEN NAM Ame	First Middle Anda Redding	Lost
160. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w	MED FORCES?  Tor or dates of service)  16b. SOCIAL SECURITY N		owser, 4012 Raleig	h Road 21208
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.		onie levotré Carl	isvacular du	APPROXIMANE INTERVAL BETWEEN ONSET AND DEATH
	IDITIONS CONTRIBUTING TO DEATH BUT NO	of related to the terminal disease of	DR CONDITION GIVEN IN PART 1(0)	
NIFIC	CONDITION FOR WHICH OPERATION WAS PER	YES NO		
210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examination of the contribution of the	H HOUR A.M. Month Doy Yeor		nter noture of injury in Port 1 or Port 2,	Item 18.)
21d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		No. City or Town	County Stote
220. I certify that (1) (the	is hospitol) attended the deceose live on151 , (I) (we) (d/d) (did not) view the b	and that in (my) (our)	pinion deoty occurred on the do	that (I) (we) lost one ond hour ond from the
22b. SIGNATURE Ray 1	m Smith	DEGREE PHYS.	MED. STAFF 22c	DATE SIGNED 1969
22d. PHYSICIAN'S NAME (Type) Ray M	I. Smith M. D.	22e. ADDRESS  Hahn Pro	dessional Bldg.	Severna Park. M
23o. BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote) Md
	-21-1969 Glen H	aven Cemetery	GlenBurnie, Anne	e Arundel Co.
24. FUNERAL DIRECTOR	rd, 4107 Wilkens A	ve 21229 250. REC'I	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

With the same with the administrative of the contract of the c 11200 . N. 63 1 51 . allies House Maria of the MC Z Cour, Title S. Wert etc. . Co. Spir 15 69 Mar 26 65 10-10, 69 Land South of all stand on you LEIN FORCES CHOICE SLOT, SCHOOL PARK, I The first section of the section of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00115 CERTIFICATE OF DEATH 2b. HOUR P 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH **DEVOLERAL DIRECTOR:** After this certificate has been signed by the attending physician and campleter filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. (Type or print) Month Hazel Louise Brady January 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 24 hours offer MONTHS Female White May 1, 1921 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 'country)Maryland Anne Arundel U. S. A. WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Tenent Harwood 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY Md. Harwood YESK Box 43 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Thomas Edgar Hagan Mary Higgs -160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Box 43. Yes, na, ar unknawn) (If yes give war or dates of service) Archie Brady- Harwood, Maryland: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave a rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? NO TA YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while ot work 22a. I certify that (1) (this haspital) attended the deceased from \_\_\_\_\_\_\_, 1950., ta\_\_\_\_\_\_, 1967., that (1) (we) last saw the deceased alive an \_\_\_\_\_\_\_\_, 1967., ond that in (my) (our) opinion deoth occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 1/18/69 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. PAYSICIAN'S Robert 22e. ADDRESS Upper Marlboro, Md. 20870 B. Sasscer, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) Seat Pleasant (Pr. Geo), Md. Burial (Specify) St. Matthew's Cem: 2Sb. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1969 Ritchie Bros. Upper Marlboro. Md. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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	3. SE		4. RACE	5. DATE OF BIRTH	181	6. AGE (In years	1969	IF UNDER 24 HRS.
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l		<ol> <li>CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE</li> </ol>	ly ane cause per line far (a), (b), and (c).		, ,		BETWEEN ON	NATE INTERVAL NSET AND DEATH
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ı	7	rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	and my oriental up	reli.		Sale	rys.
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ĺ		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Ente	er nature of injur	y in Part 1 or Part 2	, Item 18.)	
I	MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF INTERY LAT HOME FARM STREET, FAC	(ORY.) 21f. LOCATION Street or R.F.D. No	P.L.	or Town	Country	Chin
		While Nat while	OFFICE BUILDING, ETC.			or Town	County	Stote
	1	22a. I certify that (I) (thi	is haspital) attended the decease	d from 1/27 196	9 ta /	130 1	967 that	(I) (we) last
		saw the deceased a	is haspital) attended the decease live an	and that in (my) (aur) ap	inian death o	ccurred an the o	ate and haur a	and fram the
		22b. SIGNATURE	e, (I) (we) (did) (did ) view the b	oady after death.				
۱		Geren	el telune	DEGREE PHYS.	MED.	STAFF PHYS.	DATE SIGNED	(4)
		22d. PHYSICIANS		22e. ADDRESS			1-4	
I		NAME (TYPEY GEORGE	MA CHUMPH	121 Cathe	edral St	., Annapo	olis, Md.	
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	00118 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	118
FOR STATE	, MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	110
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o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type)  LINDAR (Type)  ADDRESS(Street, city, tawn, or caunty)	HU
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MAL Pod Pod File		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
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70 .= 5		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Children Course Cause & 2.2.3.	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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AL EXECUTED FOR	3	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry [	
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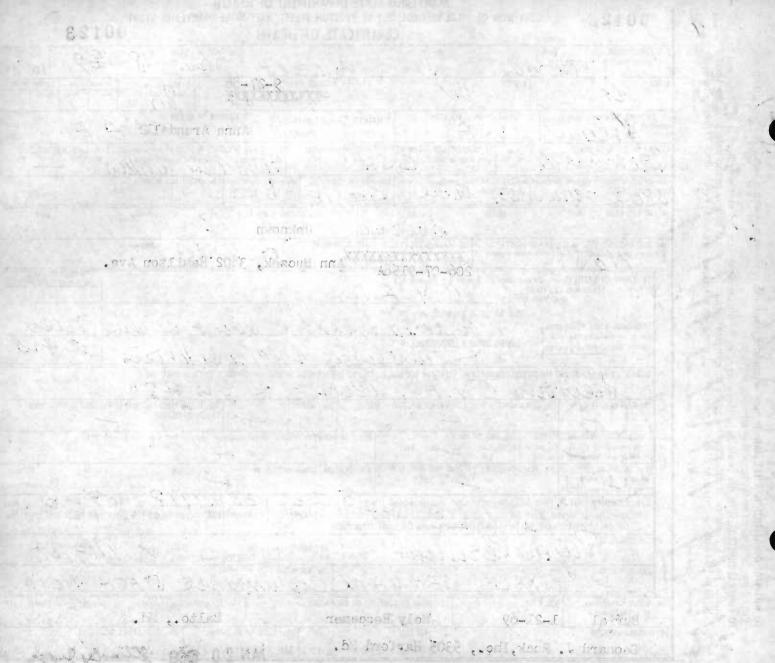
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YSIC lospi cert cert thed ot. a		MEDICAL	(If either, natify medical ex 21d. INJURY OCCURRED	21e. PLACE OF I		19   ACTORY,) 21f. LOCATION Stre	eet ar R.F.D. No.	City ar Town	County	Stote
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IDING PHYSICIAN:  1 by the haspital ar After this certificate 1 be detached far us 5 state Dept. af Healt		21d. INJURY OCCU While Nat what was not work	nile	PLACE OF INJU	URY ( AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY.) 21f. L	OCATION Street or R.F	F.D. No.	City or Tawn	1	County	State
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TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a. B.	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. C	ATE 15-60	23c NAME	OF CEMETERY OR		7	LOCATION (City or 1		(County)	(State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) COUNTY b. COUNTY Arundle Co. Maryland Anne by the and 2 death. Anne Arundle MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) Life Dorsey Dorsey within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Dorsey Rd . . IS RESIDENCE Box #12 Race Road Box #12 Race Road Hanover P.O. Hanover papers. n 72 ho completely 3. NAME OF First Last 4. DATE DECEASED OF Jan 11. (Type or print) Butler DEATH Andrew rbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ъ lest birthdey) Negro Male WIDOWED [ DIVORCED 79 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Maryland B.& O Railroad Dorsey, Trackman- Ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 aftending Harry Butler Rachel Burley ā Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Race Road removal (Yas, no, or unkown) | (If yes give we ror detes of service) Mrs. Martha Butler Box #12 Hanover P.0 No affending physician. No permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ste has been signed by the burial-transit permit burial, cremation, or rer PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause (e), steting the underlying ceuse lest. the hospital or a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 8 0 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 18.) ō OR CONTRIBUTING TI CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) defached MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) While Hour e.m. Not While jo at work et work p.m. DIRECTOR plnods saw the deceased alive on..... M. from the causes and on the date stated above. , and that death occurred at OR 22e. SIGNATURE ATTENDING MED. DIRECTOR death. Page 4 PHYS. PHYS. HOSPITAL with the 22c. PHYSICIAN'S 22d. ADDRESS Dr. Bruce B. Brumbaugh ector, filled v 5609 Main Street- Elkridge Maryland 23a. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.58 Saints Rest Cemetery Maryland Harmons. Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Herbert E. Nutter-3035 W. North Ave.

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INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00126 00126 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2g. DATE OF DEATH Tyneral I and 2 er death. 2b. HOUR P within 24 haurs after death (Type ar print) 1969 or Snewden BUTLER Minty 1:05 N January 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR vithin 72 hours aft last birthday) MONTHS HOURS 1896 Fema le Negro March 23. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED u. U.S.A. WIDOWED IX DIVORCED [ Anne Arundel County Maryland und campletely filled remove carban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Anne Arundel Gen. Hospital during maste working if retired.) give street address) **INDUSTRY** Annapolis in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admissian) STATE 13b. COUNTY YES X NO 411 Chesapeake Avenue Anne Arundel Annapolis Maryland 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Last Middle Lucinda MAN Snowden Margaret Price Solemon ysician burial, crematian, or remaval, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT

Daisy Snewden-Harbour House Apts. 1155-aptS4 17. INFORMANT requires that the death certificant Yes, no or unknown) (If yes give war or dates of service) 214-05-1660 e p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise ta immediate cause (a). DUE TO. 96 AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while 22a. I certify that (1) (this haspital) attended the deceased fram\_ , and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an\_\_\_\_ be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIA NATURE director, page 3 shauld be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Raymond L. Richardson, M. D. 110 Clay Steet, Annapolis, Maryland, 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burl a (Specify) Pine Lawn - Cemetery Annapolis, Maryland 24. FUNERAL DIRECTOR C.E. Hicks Ill Annapolis, Maryland

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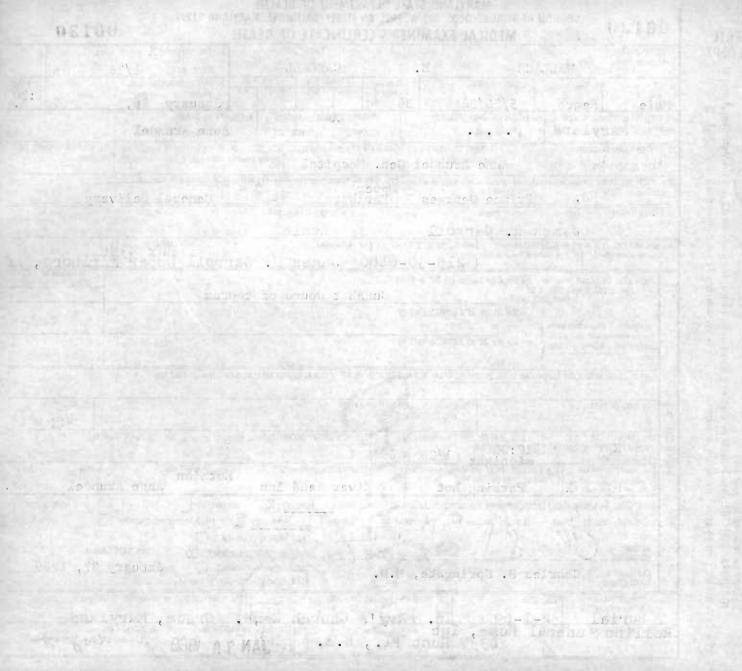
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the fu	3. SEX Male	4. RACE White	S. DATE OF BIRTH 10/3/1914	6. AGE (In years lost birthdoy) 54 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
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or of or of the house alth	21g. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	YES NO 1	r noture of injury in Part 1 ar Port 2, 1	tem 18.)
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	21d. INJURY OCCURRED 2 While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	. City ar Tawn	Caunty Stote
by the thickness of the period	22g, I certify that (I)	this haspital) attended the decea	sed fram 0, 19 19 5, and that in (my) (aur) ap		
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TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	22d. PHYSICIAN'S NAME (Type)	FRIEDMAN M	22e. ADDRESS	CHT ST, BALT.	Mo. 21230
O HOSPII Page 4 m O FUNER director, shauld b	230 RIPPIAL CREMATION 23		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (Stote)
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10. CITY OR TOV	N OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not i	n hospitol 120. 10	UNL OCCUPATIO	Arunde N (Kind of world plite, even if re	k done	12b. KIND OF E	Md. BUSINESS OR
odmission) SI/	yland	ed lived, if institution: Residence before 13b. COUNTY Anne Arundel	Annapo]	WN 13d. INSIDE CITY		TREET AND NUM		Road	
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190. DATE O	OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P	ERFOR MED	20o. AUTOPSY? YES NO	CALIS	IF YES, WERE FIN	IDINGS COI	NSIDERED IN CER	RTIFYING
S CONTR (If either,	NT WAS UNDERLYING CAUSE OF DEATH otify medical examin	HOUR A.M. Month Doy Yeor er) P.M.	19	INJURY OCCURRED (Ent	er noture of in	ury in Port 1 or	Port 2, Ite	em 18.)	
While at work	rtify that (I) (this	PLACE OF INJURY (AT HOME, FARM, STREET, FI of hospitall) attended the deceosive on	sed from 10	195 not in (my) (our) on	69. to	occurred on	19 (the dote	County  thot (e and hour o	(I) <del>(we) l</del> ost
22b SIGNA 22d. PHYSI	IAN'S D	H) (well (did not) view the	body offer dec	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	/-	ATE SIGNED	1969
230. BURIAL, CR REMOVAL (1) 24, FUNERAL (DI)	MATION, 23b. D		CEMETERY OR CRI	MATORY  250 RECD	St Driv	e, Anna	polis	(County)	Syote
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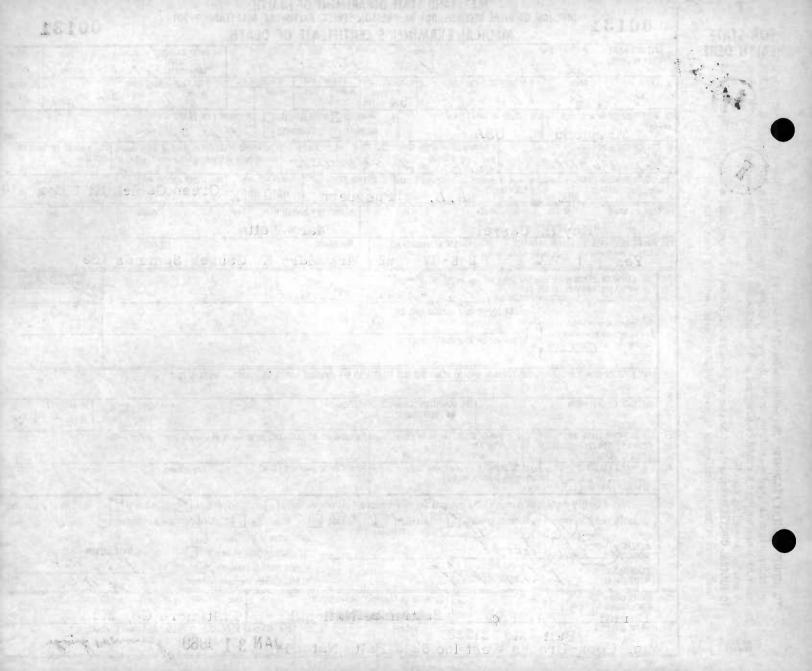
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n 1 41	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	130
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
oy is 3 to Poge ent of	(Type or Print) WALLACE E. CARROLL OF ESTI- DEATH MATED 1/26	19 69 M
deloy and 3 M3. Poy tment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day	2d. HOUR
ny delc 2, and PM3. F	Male   Negro   5/26/34   34 YRS.     January 26,	Yeor 1969 1:30 A.M
ath any deloy oges 1, 2, and 3 th form PM3. Po	76. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	Md
Poges in the following stocks		KIND OF BUSINESS OR
P = 53	Annapolis Anne Arundel Gen. Hospital	SIK7
with With	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Upper odmission) STATE Md. Prince Georges Marlboro   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN Upper   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN Upper   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN Upper   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. MSIDE CITY LIMITS?   13d. MSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. MSIDE CITY LIMITS?   13d. MSIDE CITY LIM	'V
nu più	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
	James R. Carroll Essie	
hin ncil nine poge hou	16b. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT  16b. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18b. SOCIAL SECURITY NO. 17. INFORMANT  18b. SOCIAL SECURITY NO. 17. INFORMANT  18b. SOCIAL SECURITY NO. 17. INFORMANT	7 h a m a 1/4/4
with he be Exan File	LI)-)0-0400 baries it, ballout bybol inte	APPROXIMATE INTERVAL
should be executed e word "pending" in the Chief Medical E. uriol-transit permit. F in ony event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a).  Gunshot wound of thorax	BETWEEN ONSET AND DEATH
exec ndin Med per nt w	965 X DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe hief ansil	Conditions, if only, which gove rise to immediate cause (a), (b)	
thould be e word "per the Chief uriol-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
he v he v to t bur d in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
This certificate should cate, writing the word be forwarded to the Cl be used as a burial-tr		
This certific icote, writing be forwards do be used os or removol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1)	20. AUTOPSY?
his of the party o	WAS PERFORMED?	AE2 🔀 NO 🗌
*= 7 =	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 19 21c. HOW INJURY OCCURRED (Enter nat	3.)
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Sica Se ey ctor. ctor. ned ECTC	death resulted from: Natural causes , Accident , Suicide , Hamicide X, Undetermined manner	
please e I director retained L DIRECT	ACTUAL CHIEF MEDICAL EXAMINER 22b. DAYE SIGN	ED
ory, nerall be be prii	SIGNATURE M.D. ROSINIA MEDICAL EXAMINED	
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 S may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S Charles S. Springate, M.D. ADDRESS(Street, city, town, or county)	
5 = + 2 D = 1	230. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	nty) (Stote)
~ (V	Buriel   2-1-09 Bt. Mary's Church Ceme. Groom, Mary's	
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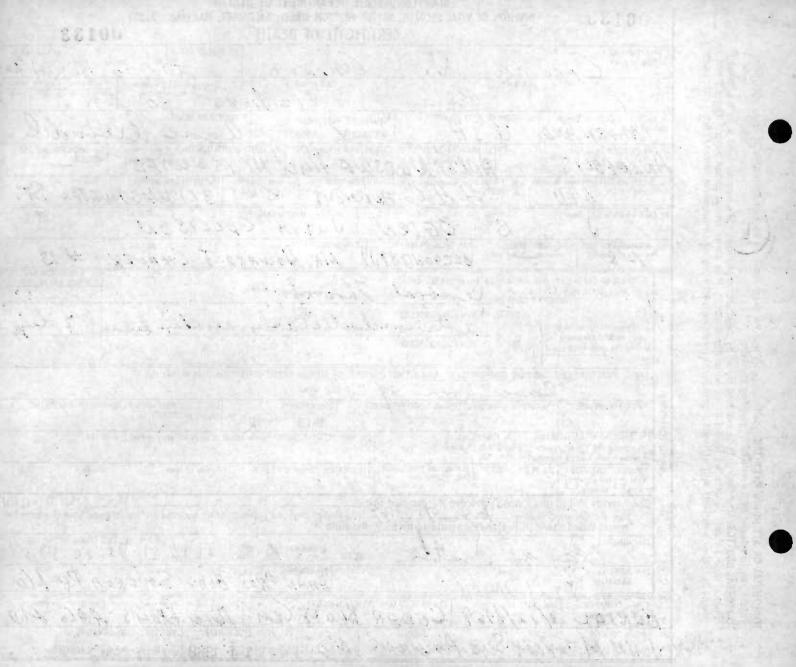
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Dov Yeor 2b. HOUR (Type or Print) ESTI-ASSEL DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) HOURS 2 4 Year M w 11-13-14 54 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH arm USA WIDOWED DIVORCED [ Maryland death ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY RNIE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER Green Gables Rt 1 Box 110 odmission) STATE 13b. COUNTY YES NO TE Pasadena Md l and 2 24 haurs Office in Item 1 after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Lost Middle Lost Mary Watts Roy H. Cassel the Chief Medical Examiner's bages hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** within (Yes, no, or unknown) Yes (If yes give war or dates of service) 215-07-4982 Mrs Mary E. Cassel Same as 13e File APPROXIMATE INTERVAL BETWEET ONSET AND DEATH be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (s) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF burial-transit Conditions, if ony which gove rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 forwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS removal nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? NO please execute the certificate, YES [ pe shauld be 10 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 1 and in my apinian death resulted from Natural causes Undetermined manner Accident Suicide Hamicide prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNE Health may NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore National Baltimore Co, Md. 1/28/69 Burial 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Md. 21228 Balt Wm. Cook-Brooks West Inc 6212 Balt. Nat Pan AN 3

MARYLAND STATE DEPARTMENT OF HEALTH



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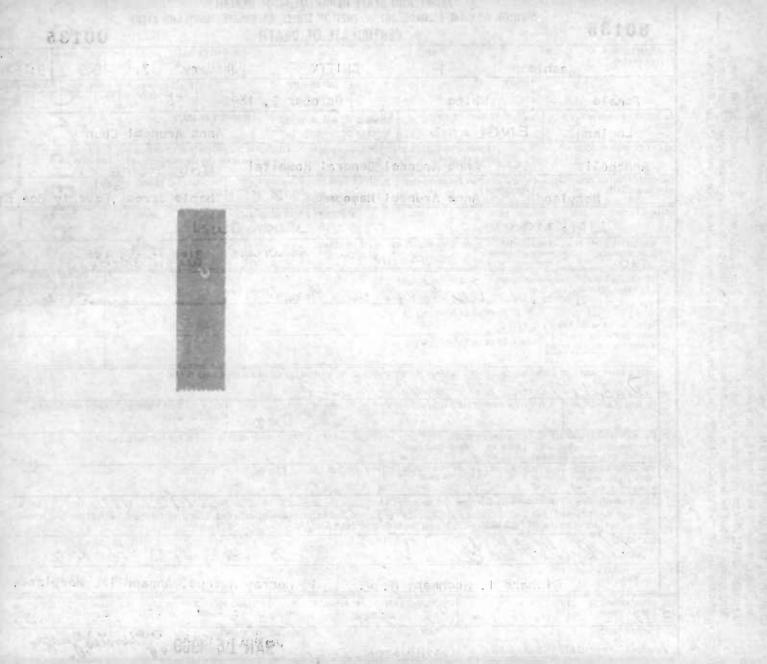
AND STATE DEPARTMENT OF HEALTH	
DS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	
CERTIFICATE OF DEATH	00133
CHANEY 20. DATE OF DEAT	oth Day Yeor 9 2b. HOI
	(In years IF UNDER 1 YEAR IF UNDER 24 Inthday) MONTHS DAYS HOURS
8. MARRIED NEVER MARRIED 9. COUNTY OF DEAT	Rundel
RINSTITUTION (If not in haspital 12a. USUAL OCCUPATION (King during right) of working life,	
Pre 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET 1	NUMBER WASHINGTON ST
SEN 15. MOTHER'S MAIDEN NAME First.	Middle Lost
17 NO. 17. INFORMANT 7891 MR. HOWARD T. C	Address # 13
(1) Thomboris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Oschotic Cardiovaccul	1. Zdan
OF	and y
IT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I	T 1(o)
S PERFORMED 20a. AUTOPSY? 20b. IF YES,	RE FINDINGS CONSIDERED IN CERTIFYING
YES NO CAUSES OF I	
21c. HOW INJURY OCCURRED (Enter nature of injury in	t 1 or Port 2, Item 18.)
T, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or To	County State
eased from, 19, to	d on the dote and hour ond fram
the body after death.	224 DATE SIGNED
DEGREE PHYS. MED. STA	□ Jan 10, 196
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יי טו עון יי יי יי יי און איי איי	POLIS AACO M
020 112	
DEGREE PHYS. DIRECTOR PH  22e. ADDRESS HABN PROF. BLDG  OF CEMETERY OF CREMATORY  OF R  PH  23d. LOCATION (CI  OF R  RESS  250. REC'D BY REGISTRAR	Brus Run Px



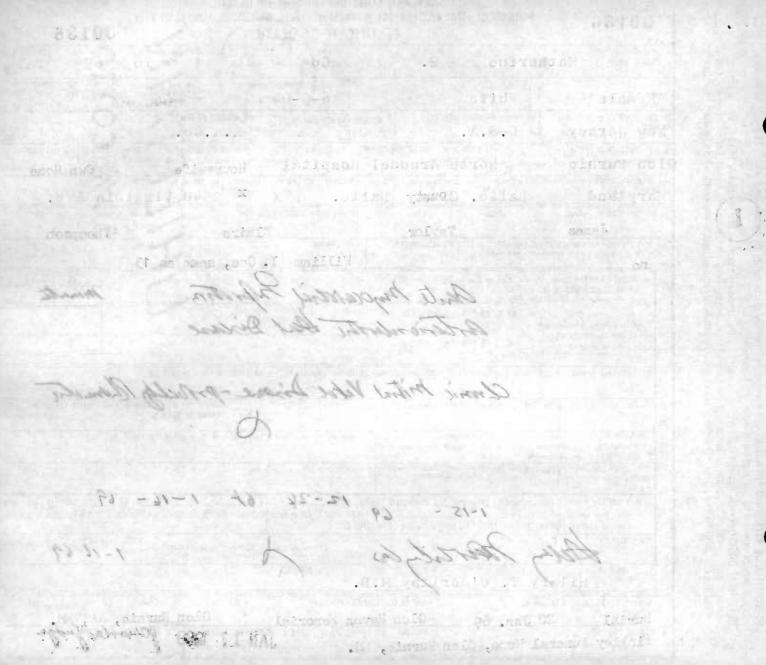
1/ 1 7/	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD STATE	0 0 1 3 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	401
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	134
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Da (Type ar Print) TANKER	y Year 2b. HOUR
oy is 3 to Poge ant of	JAMES E. CHESNUIT DEATH MATED	19 M
	last birthday   MONTHS   DAYS   HOURS   MIN.   Month	Yeor CO 2d. HOUR
2, and PM3.	mare megro	1969 A. M
Se - Se	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   Anne Arundel	
# 3 5 B	001,0000, 20, 70.20,	o. KIND OF BUSINESS OR
( 1 mg   1 mg   3 mg	during most of working life over if retired \ INC	DUSTRY
Give on Since de la composition della compositio	Annapolis Anna Arundel General Hosp.   Manual Residence Defare   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	
hours after 18. Gi Office olong 1 and 2 with	admission) ISTATE  Anne Arundel  Annapolis  YES  NO  136 604 Llreams L	anding
hours Item 1 Office Tond2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	last
24 hours in Item I r's Office es Iond 2 rs after	make his Attentity	cusi
hin 24 ncil in niner's pages hours	160. WAS DEGEASED EVER IN U.S. ARMED FORCES? 1866. SOCIAL SECURITY NO. 17. INEGRAMANT . ADDRESS .	
thir min page	(Yes, no, ar unknown) (If yes the war or dates of service) Interest of the service of the servic	
This certificate should be executed within 24 hours after death icote, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office olong with 3 be used as a burial-transit permit. File pages lond 2 with the Star or removal, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
be executed "pending" in nief Medical Eusist permit. Fevent within	PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xec din Aed hed per	966 X IMMEDIATE CAUSE (a) Stabwound of Neck  Due to, or as a consequence of	
ef her	Conditions, if any, which gave	
Chi Chi	rise to immediate couse (o).  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I buriol-fransit I in ony ever	last.	
MINER: This certificate should be executed the certificate, writing the word "pending" is 4 should be forwarded to the Chief Medical ur files. e 3 should be used as a buriol-transit permit. smotion, or removal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficot ing ded ded (, or		
warit warit war ovo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ote, writin to forward be used o	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem	YES X NO
The fico	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18.)
INER: Te certifice should be files.  3 should inotion, or	PRIMARY TOR CONTRIBUTING 1:00 KRAM. 1/19 19 69 subj. stabbed in neck by wife 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. No. Gity or Town	
(AMINER: te the certified to the certified of the certified of the tertified of the tertifi		County State
G ag o B e C	while Not while at work at work parking lot  Annapolis, Anne	Arundel, Md.
ICAL EXA e execute for. Page ed far you CTOR: Pag burial, cre	22a. I certify that I toak charge of the remains described abave, held an Autapsy 💢, Inspectian 🔲, Inquiry 🔲,	and in my apinion
FCA tor. CTO bur bur	death resulted fram: Natural causes , Accident , Suicide , Homicide X, Undetermined monner	]
pleose direct retains or to b	CHIEF MEDICAL EXAMINER	
y, pleose e erol director be retained RAL DIRECT prior to bu	ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SIG	
EPUTY SIC Sissary, please of the property of the property of the prior to be the prior to by	EXAMINER'S DEPUTY MEDICAL EXAMINER 1/19	1/69
O DEPUT necessary the funer 5 moy be O FUNER Heolth p	NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	4.125
10 10 10 14 He	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	aunty) (State)
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- 2 ·	1. D	ECEASED-NAME	First		Middle		Lost	2o. DATE	OF DEATH		0010	2b. HOUR P
death.	(1	ype or print)	Kath	leen	Ρ,	СН	ITTY		ary Month	7. Doy	1989	9:25M
	3. SI	X		4. RACE		5	DATE OF BIRTH		6. AGE (In y	reors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
age rs of		Female			hite		October 7,	1892	last birthde	YRS.	MONTHS DAYS	HOURS MIN
Dour Jour	70.	BIRTHPLACE (Stote or	foreign	7b. CITIZEN OF V		8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH			
24 hour ed in by appers. P	177	Englan			LAND	WIDOWED [X	DIVORCED _	An	ne Arun	ide 1 (	County	Md.
death certificate be executed within 24 hours after tending physician and completely filled in by the furmit. Then please remove carbon papers. Pages 1, or removal, and in any event, within 72 hours after	10. (	Annapoli		11. I give	NAME OF HOSPITAL OR I	NSTITUTION (If not	ral Hospital	UAL OCCUPATION	N (Kind of world life, even if r	etired )	12b. KIND OF 8 INDUSTRY	BUSINESS OR
omplete ve carb	130.	USUAL RESIDENCE (W		ed lived, if institu	ution: Residence before	e 13c. CITY OR T	DWN 13d. INSIDE CITY		STREET AND NU		201	
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The atte	CERTIFICATION						YES NO [	CAUS	ES OF DEATH?			
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ro Hospital Poge 4 may ro Funeral I director, pog should be fil	23o.	BURIAL, CREMATION,	23b. D			F CEMETERY OR CR					(County)	(Stote)
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Typ Anh	24.	FUNERAL DIRECTOR		·	ADDRES	S		BY REGISTRAR	2Sb. REG	JETRAR'S SI	IGNATURE	dan.
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3 1		00136	DIVISION OF	VITAL RECORDS,	301 W. P	RESTON ST				00400	
		CERTIFICATE OF DEATH								00136	
hin 24 hours after deoth. filled in by the funeral papers. Pages 1 and 2 thin 12 hours after deoth.		ECEASED-NAME (Ype or print) Kath	erine	Middle B.		Coe	2	20. DATE OF 1	Month 16 Doy	69eor	2b. HOUR 2A M
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the ages		Female	White			6-5	-04		6. AGE (In years lost birthdoy) 64 YRS.	MONTHS DAYS	HOURS MIN.
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AN Olo		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Doy Year	ZIC. H	JW INJUKT UC	CORKED (Enter no	ture or injury	in Port 1 or Port 2,	item 18.j	
Sich spit spit spit spit spit spit spit spit	MEDICAL	(If either, notify medical examin	er) P.M. PLACE OF INJURY (	AT HOME CARM STREET FAC		CATION CA	et or R.F.D. No.	Cit	. 7	Causti	Stote
PHY b ho hoch toch Depi		While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	217. 10	CATION Stre	et or K.r.D. No.	City	or Town	County	21016
de the state of th		at work of work	- hiaI\	ndad tha daaraa	ad fugue	11 -7	10 6	£ 10 /	-// - 10	69 that	(I) (wa) last
Affe be Sto		22a. I certify that (1) (thi saw the deceased al	ive on	15 The decease	9 <b>69</b> an	d that in (m	v) (our) opinia	n death a	ccurred on the do	te ond hour o	ind from the
ould the		causes stated abave	, (I) (we) (did) (	did nat) view the	body after	death.	,,,(,				
A parties of the second		22b. SIGNATURE	26	2 - 1	/	ATTENDI	NG A MED.			DATE SIGNED	6
OR be 3		Will.	7/40	they	DEGI	EE PHYS.	DIREC	TOR -	PHYS. U 7	-16-6	(
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed very be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please center should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event.				Herliny							
HO Dge FUR Fred hou	230.	BURIAL, CREMATION, 23b. E REMOVAL (Specify) Burial 20		23c. NAME OF					(City or Town)	(County)	(Stote)
5 5 5 g a		Burial 20	Jan. 69	Gler	1 Have	1 Memor			en Burnie,		-
VR A15 (A) 30M REV. 12 R	24.	FUNERAL DIRECTOR KIrkley Funera	1 Home, (	Glen Burni	e, Md.		DATE DATE	GARAR	38 <sup>25b.</sup>	A STATE OF THE STA	7



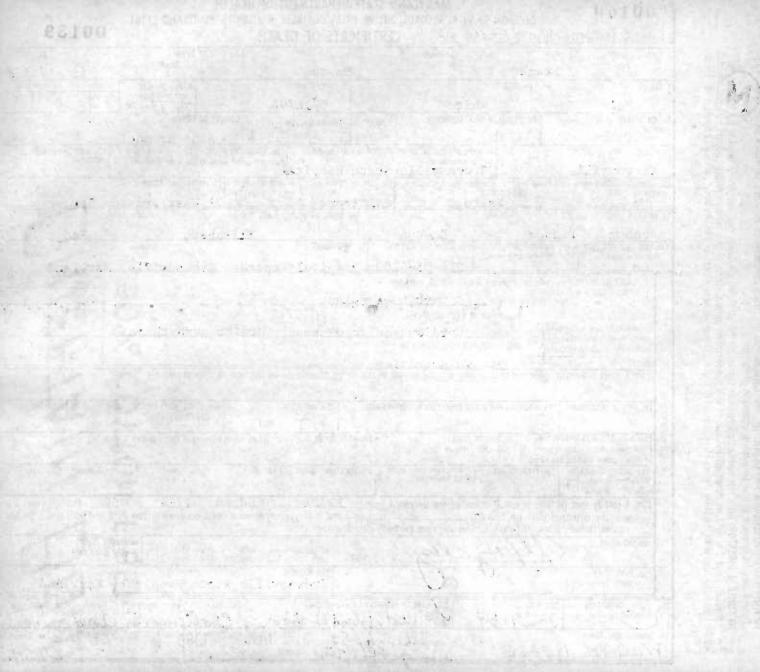
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Joh			3/7/69 kk			E OF DEATH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	018:	37
\$ - ~ £ /	1. DECEASED-NAME FIFST LAST Middle				tast 20. DATE OF DEATH				2b. HOUR	
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cian and co		unkno	wn				un	known		
ag physician a Then please i	160. WAS DECEAS Yes, no, or unk unknow	ED EVER IN U.S. AR nown) (If yes give	MED FORCES? war or dates af service)	16b. SOCIAL SECURITY				Address Ownsville	Marrila	
e de le			nly one couse per lin	e for (a), (b), ond (c)		1,00	A STATE OF	······································	*APPROXII	MATE INTERVAL NSET AND DEATH
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t the the sit p		if ony, which gove rediote couse (o),		terioscle	wotic ca	ardio vasc	ular dis	sease		
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physician. signed by the att burial-transit per burial, cremation,	last.		(c)							
bu pn	PART 2. OT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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alt of	190. DATE OF	NT WAS UNDERLYI	NG 21b. TIME OF	INJURY	121c. HOW		- L	ury in Port 1 or Port 2	Item 18.)	
E E	₹ □ OR CONTRIB	UTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Year		(F)		.,	,	
of. a		otify medical exam	. PLACE OF INJURY (	AT HOME, FARM, STREET, FA		ION Street or R.F.D.	No. Cit	y or Town	County	Stote
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tate	220 1 00	reifice that (1) (th	nis haspital) atte	nded the deceas	ed fram	12/6, 19	_68 , ta	1/24, 1	9_69_, that	(I) (we) las
o Si	saw	the deceased o	alive an 1/	24	19-69, and th	at in (my) (aur) c	pinian death	accurred an the d	late and haur	and fram the
t de t	22b. SIGNAT	es stated abav	e, (I) (we) (did) (	did nat) view the	bady after dea	īn.				
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l be	NAME		les R. Ve	nter, M.D		X Crown	sville	State Hosp	ital, Ma	aryland
oulo	230. BURIAL CRE		DATE	23c. NAME OF	CEMETERY OR CRE	MATORY	23d. LOCATI	ON (City or Town)	(County)	(Stote)
5	REMOVALO	pecify) 2	124,69	Vote		el. School	Ba.	eternore	EW.	
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P			Items6&l4 FilmG409 1/29/69 kk CERTIFICATE OF DEATH							00139	
	4 -24		ECEASED-NAME First	Middl	e	Last	2a. DATE O			2b. HOUR	
	death deoth	L	Type or print) Fr	ank		Bawson		Month 1	Day Ye	7:15	
	E CA 2 E	3. S	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS. OAYS HOURS MIN	
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	ii Egi	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPIT.	AL OR INSTITUTION (I	f not in hospital 120.		(Kind of work do		ND OF BUSINESS OR	
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	scut som		ission) STATE Md	13b. COUNTY Balto	Balt	imore YES	NO □ 31	West Pre		treet	
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	phy en oval		no	214-0	5-6208	Hospital Rec	ords, Cr	ownsvill	e, Mary	rland	
	ing Th Th		<ol> <li>CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE</li> </ol>	nly one cause per line for (a), (b),	and (c).)				BET	TWEEN ONSET AND GEATH	
	endi mit.		IMMEDI	ATE CAUSE (a)Car	cinoma of	lung					
	att peri		1600	DUE TO, OR AS A CONSEQUE							
	the the risit mat		Canditions, if any, which gave rise to immediate cause (a),	(b) Cardi		r disease, C	Cardiac a	rrhythmia	a		
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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou etained by the hospitol or ottending physicion.  CTOR: After this certificate hos been signed by the attending physicion and completely the in bishould be detached for use os the burial-transit permit. Then please remove faction pages. If the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, that the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVE	EN IN PART I(a)			
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	or o or	CERTIFICATION	21a. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF INJURY	21c.	HOW INJURY OCCURRED (		ury in Part 1 or Par	t 2. Item 18.)		
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	by the office of	13	22a I cartify that (1) (th	is haspital) attended the	deceased fram_	12/21	9_68_, ta_	1/24	1969	that (I) (we) las	
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	OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate je 3 should be detached for u ed with the Stote Dept. of Healt		22b. SIGNATURE	ll angle.	2	GREE PHYS	MED. DIRECTOR	STAFF	22c DATE SIGN 1/24/6	59	
	be ode	-	22d. PHYSICIAN'S	111	1	GREE PHYS. LJ	DIRECTOR L	PHYS.			
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt		NAME (Type)				lle Stat	e Hospit	al, Mar	cyland	
	UNE 4 Pet 4 Pet 4 Pet 6	230	BURIAL, CREMATION, 23b.	DATE C 23c/N	AME OF CEMETERY	OR CREMATORY A	23d, LOCATI	ON (City or Town)	(County	(Stote)	
	Page O Fun	250	REMOVA (Specify)	-17,69 Vis	Trud In	led Short	B	Utmore	74	d	
	W	24.	FUNERAL DIRECTOR	108 W.W	DDRISS . /	C1 2So. R	AD BY RIGISTRAR	2Sb. REBYSTA	AR'S SIGNATUR	Quedas.	
	30M REV 7/68	1	VILLIAM RE	ESE Day	resoli	a Mid DATE	111 NO 1	200	1	1	



F 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00140
	It	cemll FilmC409 2/13/69 kk CERTIFICATE OF DEATH
death.	1. [	DECEASED-NAME (Type or print) MARY LOUISE DIXON 20. DATE OF DEATH 20. DATE OF DEATH MONTH 2904 196079 MM
office fur	3. 5	
Ad in by 72 hours	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PLANE ARUNDEL CO Md
Mithe Him		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)  12. KIND OF BUSINESS OR INDUSTRY  CAFETERIA
executed on complete remove corbinary event,	13a adn	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY AACO Edgewater YES NOT Rte 3 Box 3F
be exe	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Charles V. Lentz Magdeline Mahoney
tificate be hysician c n please val, ond ir		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 228-30-4622 Curtis Dye Edgewater, Md
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G PHY:	×	21d. INJURY OCCURRED While Not while of wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street ar R.F.D. Na. City or Tawn County State Office Building, ETC.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.		22a. I certify that (I) (this hospital) attended the deceased from
OR AI be reta DIRECTO		22b. SIGNATURE  MED. STAFF   22c. DATE SIGNED   22c. DATE SIGNED   1-30-69
A moy NERAL tor, pog		22d. PHYSICIAN'S William Stephens M.D. 22e. ADDRESS CORNhill St. ANNOpolis, Md.
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amplete ve cark event,	13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   STATE   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. INSIDE CITY LIMITS?   13d.	
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ate b gran fease and i	unknown  16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	
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TEN ined auld the	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	ia irain irio
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS; 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06142 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Middle Lost Month Dov Yeor 2b. HOUR (Type or Print) PATRICK 1969 DORSEY 1 am DEATH MATED delay and 3 4 RACE 6. AGE (In years IE UNGER 1 YEAR IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d. HOUR 18 ve January 1. Yeor Male White 1 ам 5 June 1950 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH washington D.C along with farm WIDOWED | DIVORCED [ Anne Arundel State TISA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR JOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address North Arundel Hospital during most of working life, even if retired.) INDUSTRY the Student 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 13b. COUNTY Anne Arundel 1305 Catewood Road odmission) STATE Gen Burnie NO X 24 hours Office and 2 after 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Elda H. Johnson Francis Dorsey hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil page **ADDRESS** certificate should be executed within should be farwarded to the Chief Medical Examir (Yes. no. or unknown) (If yes give war or dates of service) Father - same as 13 File 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. Injuries IMMEDIATE CAUSE (o)\_ event DUF TO OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse \_= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) o remaval, CERTIFICATION 20. AUTOPSY? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? This the certificate, YES XX NO pe Б 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, Driver in auto-fixed object coll. 1969 XX CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21d. INJURY OCCURRED 21 f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Entrance Fort Smallwood Pk. Md. Street A. A. 220. I certify that I took charge of the remains described above, held an Autapsy XX Inquiry [ ond in my opinion Inspection the funeral director. Undetermined manner death resulted fram: Natural causes Accident XX Suicide Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/1/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health may NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. 23c. NAME OF CEMETERY OR CREMATORY METERY 50 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Owensville. AA. Our Lady Of Sorrows Church 4 Jan. 69 Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Kirkley Funeral Home, Glen Burnie, Md. DATE JAN 6 1968 VR A15ME (5) 10M REV. 1/68

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	00144		CERTIFICATE OF DEATH		0143
filled in by the funeral of papers. Pages 1 and 2 ithin 12 hours after death.	1. DECEASED-NAME Fire (Type or print) Roy	t Middle	Dudley	2a. DATE OF DEATH  January D	975 YEG 683:40 P
ages 1	3. SEX Male	4. RACE White	S. DATE OF BIRTH 1-30-17	6. AGE (in years	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN
Inon-	7o. BIRTHPLACE (Stote or foreign country)  virqinia	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH  Anne Arumdel	Md.
1	10. CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR (	durina	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
event,	13a. USUAL RESIDENCE (Where dece admission) STATE  Maryland	ased lived, if institution: Residence before	33c. CITY OR TOWN 13d. INSIDE CITY OF TOWN 13d	Y LIMITS? 13e. STREET AND NUMBER	SEMINAL PROPERTY.
1	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAMI		Last
	160. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv	war or dates of service)	r. Ja YNO. 17. INFORMANT -7256 Mrs. Mary H	Address	Knight Same as #13
State Dept. af Health priar ta burial, crematian, or remaval, and in any event, wit	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	DIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE C	Geordial I	aly relu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	☐ OR CONTRIBUTING ☐ CAUSE OF DI	HOUR A.M. Month Day Yes	or 19	nter nature of injury in Part 1 or Part 2	?, Item IB.)
	While Nat while at wark of work		FACTORY.) 21f. LOCATION Street or R.F.D.		County State
	220. I certify that (I) (saw the deceased causes stated abo	his haspitol) attended the deced alive an JAN 13, ve, (I) (we) (did) (did nat) view th	sed fram Taky 11, 19 19 67, ond that in (my) (aur) o e body ofter death.	ppinion deoth occurred on the c	9, that (I) (we) lost date and haur and from the
	22b. SIGNATURE	Geny MD.	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 220	1-26-69 -
1	22d. PHYSICIAN'S NAME (Type)	C. Perry MD	22e. ADDRESS Glen Bu	urnie, Maryland	
)	REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
(a)	24. FUNERAL DIRECTOR	ADDRE	1.4	D BY REGISTRAR 2Sb. REGISTRAR	Mary land

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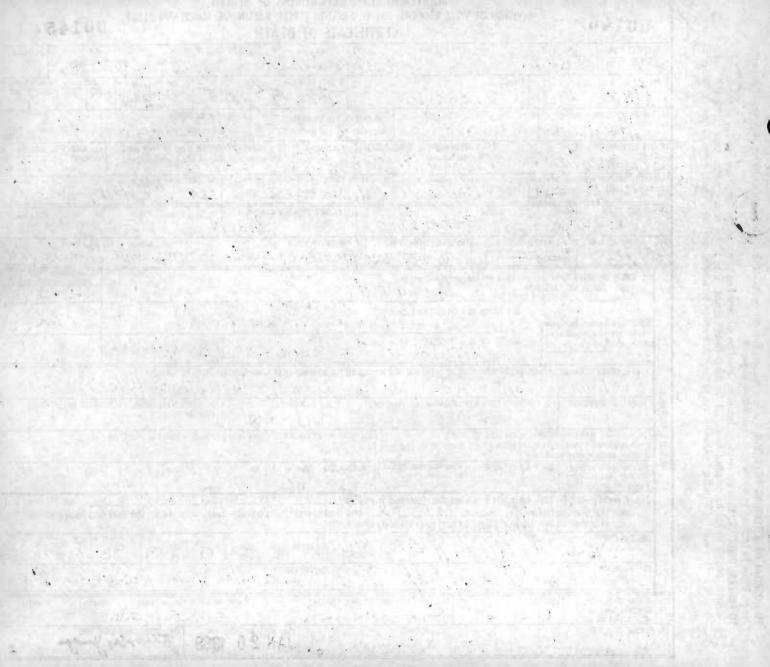
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00144 Item23 FilmG109 2/10/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2a. DATE OF OEATH Middle 2b. HOUREL . death. 24 hours after deoth (Type or print) DUNBAR LAWRENCE Manth Dom 969 Year 9:00 M TAN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 20 June 1946 last birthday) Male Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Mississippi Anne Arundel USA DIVORCED [ WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR WPUSRY Army Fort George G. Meade | 91/2 street oddress | U.S. Kimbrough Army Hosp during most of working life, even if retired.) remove carbo 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before of the law are 13c. COUNTY Kent Frederica 13d. INSIDE CITY LIMITS?

YES NO and complete event, 13e. STREET AND NUMBER The low requires that the death certificate be executed 201 Thomas signed by the attending physician and co burial-transit permit. Then please remov burial, cremotian, or removal, ond in any <u>s</u> 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost Neal Singleton Catherine Olin Thomas, Manderia, Delaware 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Catherine F. Neal (mother) 222-28-9668 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Primary Myocardial Disease BETWEEN ONSET AND DEATH 10 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the hospital or attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical exominer) HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I **certify** that (X) (this haspital) attended the deceased from 14 Jan 1969, to 22 Jan 1969, that (X) (we) last saw the deceased alive on 22 Jan 1969 and that in (xax) (aur) apinian death accurred on the date and hour and from the couses stated above; (1) (we) (did) (my not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. 22 Jan 1969 STAFF DEGREE DIRECTOR 220 ADDRESS KIMBROUGH ARMY HOSP, FT MEADE, MD ROTHSCHILD, CPT, MC NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) - Mamorial 9 ADDRESS 24. FUNERAL DIRECTOR 30M REV. 1/68

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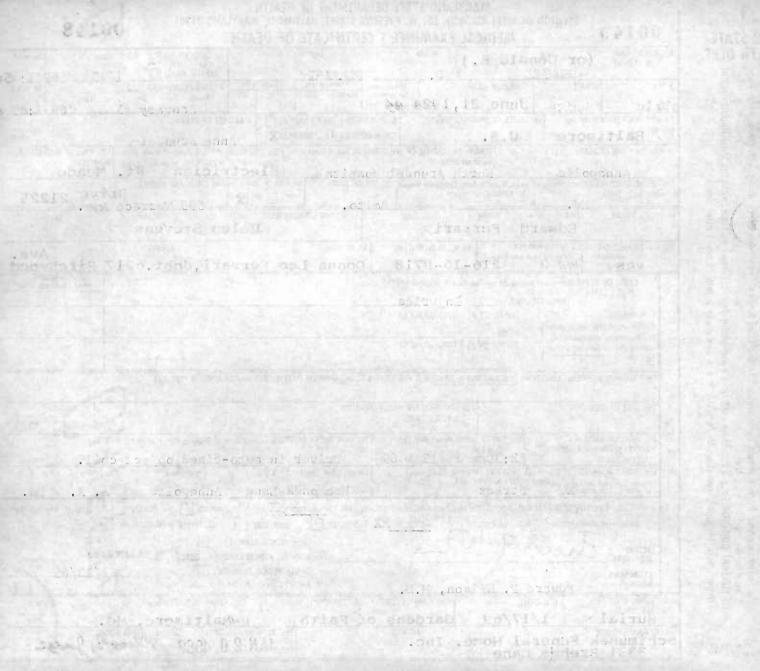


restriction of		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 00146
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physician.  physician. signed by the attending physician and burial-transit permit. Then please remburial, cremation, ar remaval, and in an		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 578-14-4370 A HC3PITAL RECORD
ng p The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  BETWEEN ORDER AND DEATH
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that than. by the transit cremat		Conditions, if ony, which gave is to immediate cause (a), (b) RULMUNARY EMPHYSEMA
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equires physicio signed la purial-tr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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by the state of th		22a. I certify that (I) (this haspital) attended the deceased fram 7-22, 1969, ta 1-20, 1969, that (I) (we) I saw the deceased alive an 20-69, 19, and that in (my) (aur) apinian death accurred an the date and haur and fram t
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AT Showith with		22b SIGNATURE / A 22c DATE SIGNED
OR be re Born Born Born Born Born Born Born Born		Jehn J / Jegree PHYS. DIRECTOR PHYS. DIPLECTOR PHYS.
TO HOSPITAL OR ATTEND Page 4 may be retained if O FUNERAL DIRECTOR: Addirector, page 3 shauld is shauld be filed with the S		22d (PHYSICIAN'S NAME (Type) 22e. ADDRESS CRUNDS VILLE STATE HOSP
Page 4 Page 4 D FUNI directo	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 P		Burial (Specify) 1-15-69 - Fairview Cemetery Whitacre, Frederick Co, Va
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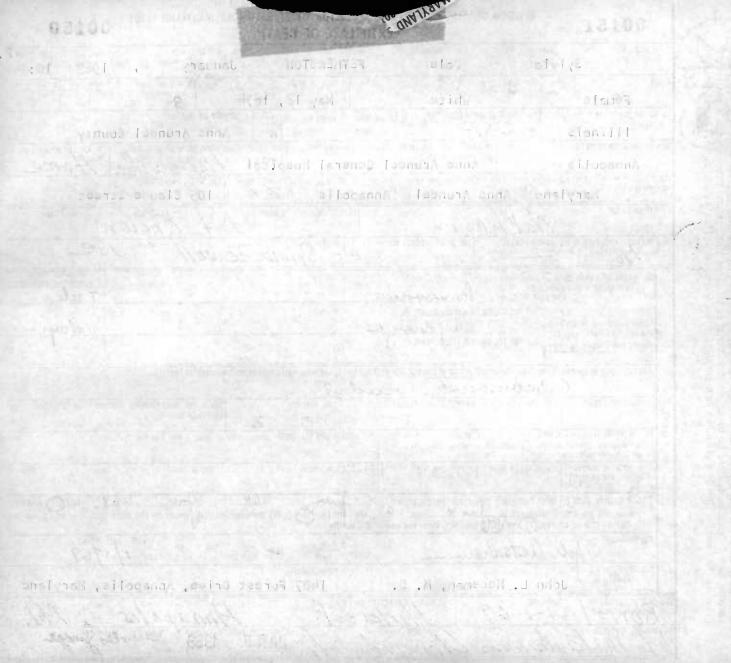
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MARYLAND STATE DEPARTMENT OF HEALTH



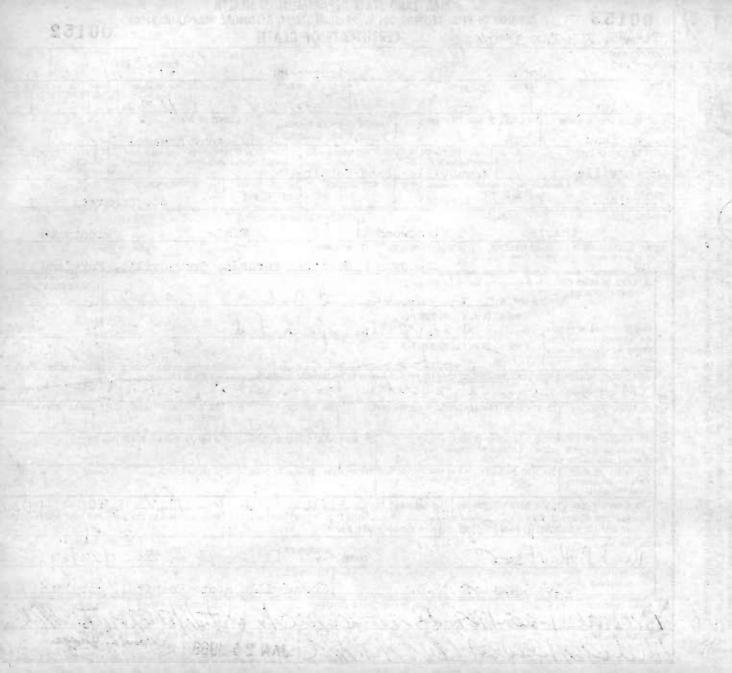
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E .	The		1B. CAUSE OF DEATH (Ente	er anly one co	ause per line for (a), (b), and (	c).)					APPROXIN BETWEEN OF	NATE INTERVAL ISET AND DEATH
eath	andir nit. or re		PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUS	E (0) hiruwe	uice_					Tul	L.
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quire	igne igne ourio ourio		PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED 1	O THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART I(	a)		
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200	s be as t as t	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		Ob. IF YES, WERE I	INDINGS C	ONSIDERED IN CE	RTIFYING
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CIAN	Tificate d far of Heo	MEDICAL C	21a. ACCIDENT WAS UNDER  ☐ OR CONTRIBUTING ☐ CAUSE OF  (If either, notify medical ex	F DEATH H Kominer)	b. TIME OF INJURY OUR A.M. Manth Day Yea P.M.	19 21c. F	IOW INJURY OCCURRED	(Enter nature a	t injury in Part 1	ar Part 2, I	Item 1B.)	
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HEALTH DEPT.		CEASED-NAME	First		Midd	lle	Last		2a. DATE KNOW OF ESTI-		Doy Y	'ear 2b. HOUR
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o DEPUTY necessary, the funero 5 may be o FUNERA Health pr	230	BURIAL, CREMA	TION, 23b.	DATF #	/53c , NA	OF CEMETI	POR CREMATORY		LOCATION (City	or Towa)	(County)	(Stote)
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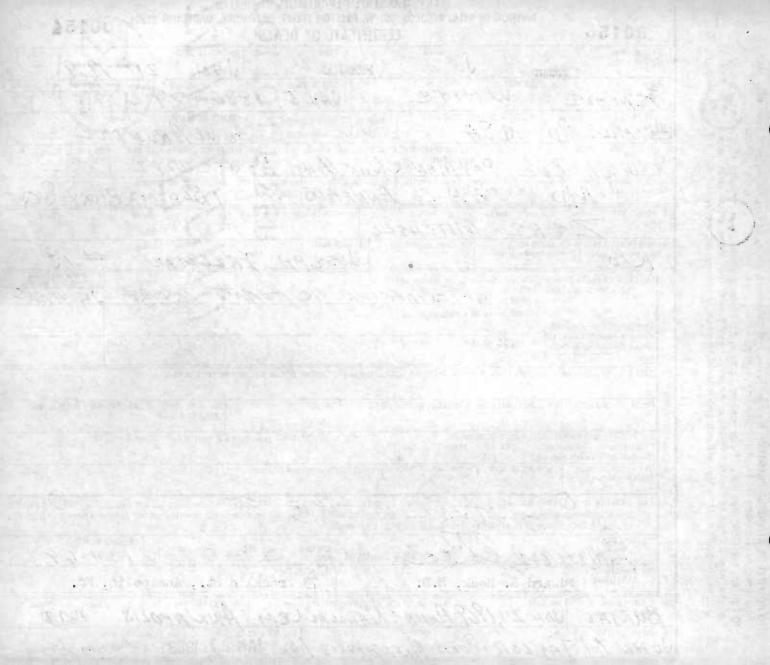


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death and death		ype or print) Earl		Forrester			Dy 1969	10:55M
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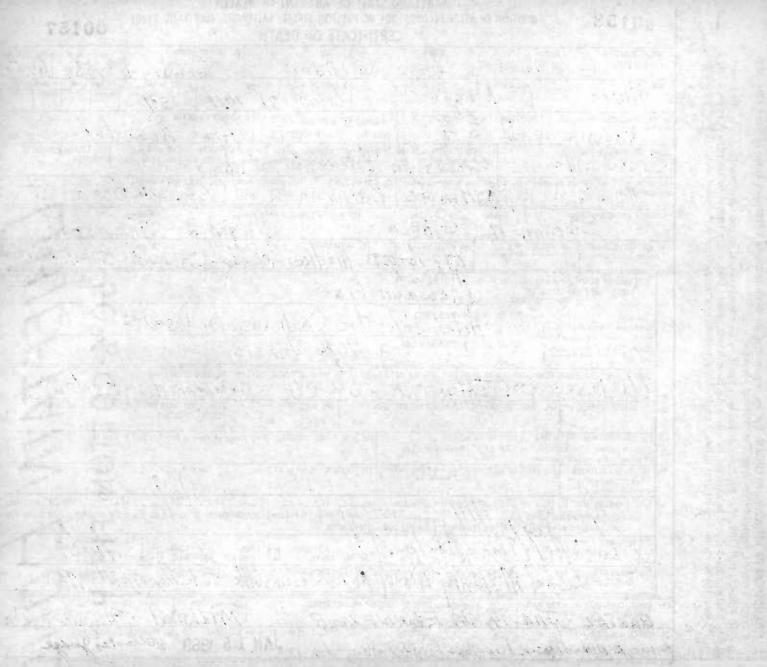
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00154 00155 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last death. 2a. DATE OF DEATH 2b. HOUR executed within 24 haurs after death unerol (Type or print) Dov FREEMAN Emma 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1F LINDER 24 HRS HITE b (Bday) MALA MONTHS HOURS BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED > DIVORCED letely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR corbon INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c\_CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY ond in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle be ITCHELL requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes no, or whknawn) (If yes give war or dates of service) buriol, cremotion, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit Canditions, if any, which gave: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been be detoched for use os the Stote Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ be retoined by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive on\_ \_1969, and that in my (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. PHYS. HYSICIAN 22e. ADDRESS NAME (Type) Edward S. Beck, M.D. 73 Franklin St., Annapolis, Md. 23b. DATE BURIAL, CREMATION 23 NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (State) (County) ATIONAL FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Kiliseles



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		CER	TIFICATE OF DEATH		00156
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ate iciar leas and	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
hys n p		(es, no, or unknown) (If yes give war or dates of service) 215–14–8538	Hospital Pecor	ds, Crownsville S	tata Wagnita
mag p		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (v), and (c).)	- morren mecon	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cer attending p permit. The ion, ar rema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DICLIF	nonia-		
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hat n. yy tl ans		rise ta immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	-1 1 1		
es t icia ed b al-tr		last. (c) Throma	alcohylis	m	
apuir phys igne ouric uric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
ng p	1 -				
law indii bee ls #	KERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM	AED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
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ar ar ealt		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, Ite	əm 1B.)
CIA Figure 1	MFDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)  HOUR A.M. Manth Day Year P.M. 19			
YSI nosp cer cer thec	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY,)	21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
PH he		While Not while Office Building, ETC.			
NG NG the terminate of the definition of the def		220. I certify that (I) (this hospital) attended the deceased from the deceased alive on	om/2-30,196	8, to 1 - 5 , 19 (	60, that (1) (we) los
Aft d b d b d b		saw the deceased alive on	$\mathcal{L}$ , and that in (my) (our) opin	ion deoth occurred on the date	e and hour ond from th
Son Son H	1	causes stated obove, (1) (we) (did) (did not) view the body	after deoth.	T an an	127 6101172
R A retreet 3 st with with		22b. SIGNATURE CLY QUANTO	DEGREE PHYS. ME	D. STAFF 12/	ATE SIGNED  5/69
DIR be		AND DUNGSCHANG	DEGREE PHYS. DIR	RECTOR L PHYS. L 12/	3/09
ITA may RAL Pa		22d. PHYSICIAN'S NAME (Type) Alberto Gonzalez, M.D.		le State Hospital	Marzland
Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours.	-	Alberto Gonzalez, M.D.			
F. B.	23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMET	EKT UK CKEMATUKT	000	(Caunty) (Stote)
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on complete on a contract of the contract of t	14.	FATHER'S NAME First	Middle Last	75. MOTHER'S MAIDEN NAME	First M	iddle Lost
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Ger The The		18. CAUSE OF DEATH (Enter only	y one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSEL AND OBATH
eofh indir or re		PART I. DEATH WAS CAUSED	BY: TE CAUSE (0) Hyaly Plusi	1 1 1	curde ovacedos	Present 1111 Angel
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or affi	ERTIF	Ola ACCIDENT MAC UNDERLAND		YES NO		
IAN olooloo ficat for Hec		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH		21c. HOW INJURY OCCURRED (En	ter noture of injury in Port I or	Port 2, Item 18.)
Spire spire erriff erriff t. of	MEDICAL	(If either, notify medical examination 21d, INJURY OCCURRED 21e, I	er) P.M.			
		While Not while at work of work		(TORY.) 21f. LOCATION Street or R.F.D. N		County Stote
by (ffer be Stot		22a. I certify that (I) (this	hospital) ottended the deceos	ed from 1/8, 19.	68 , to	, 19, that (I) (we) lost the date ond hour and from the
ATTENDING From the store of the		saw the deceosed ali	(I) (we) (did) (did not) view the	9 28, and that in (my) (out) o	pinion death occurred on	the date ond hour and from the
AT AT Short it is the state of		22b/SIGNATURE	(1) stay (and) (and and) view life			22c. DATE SIGNED
OR OR Sed w		X. 4-19	oo le cont	EGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/9/69
AL D		22d. PHYSICIAN'S	ocomment,	22e. ADDRESS		1/110/
ro Hospital OR Page 4 may be i fo Funeral Dire director, page 3 should be filed v	0	NAME (Type) Richau	d I. Hochman, M.	D. 16 Murra	y Avenue, Anna	polis, Maryland.
HO. Journal of the contract of	230.	BURIAL, CREMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	234. LOCATION (City or Tow	n) (County) (Stote)
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6 1	1	00162	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET		RYLAND 21201	
	I	tem7 FilmG409		CERTIFICATE OF DEA			00161
er death. funerol s 1 and 2 ter death.	1. D	ECEASED-NAME First		Lost HALL	2a. DATE O	T Month 300y	Year 698 20AM
24 hours after death ed. in by the funeral refers. Pages 1 and 272 hours after death	3. \$	MALE	4. RACE Negro	S. DATE OF BIRTH	1915		IF UNDER 1 YEAR IF UNDER 24 HRS. IGNITHS DAYS HOURS MIN.
A hour	con	BIRTHPLACE (State or foreign of try) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	A-A	A. County.	ilen Burnie Md.
Light SH	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address) <b>Nort</b>	TITUTION (If not in hospital haspital Hospital	2a. USUAL OCCUPATIOI urbailhast af warking	N (Kind of work done g life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
and completely remove carbon in ony event, with	13a. adm	USUAL RESIDENCE (Where decedission) STATE Md.	ised lived, if institution: Residence before 13b. COUNTY A.A.	13c. CITY OR TOWN 13d. IN.  Glen Burnie YES	SIDE CITY LIMITS? 13e. S	TREET AND NUMBER Quarterfield	Rd 1 & Queens Town
be exe	14.	FATHER'S NAME First	Mid <b>dle</b> Last	1s. Mother's Maiden	NAME First	Middle	Last
ertificote be physician c en pleose oval, ond in	160	(es, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	NO. 17. INFORMANT Char	rt	Address	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed stained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and camplete should be detached far use os the burial-transit permit. Then please remove carb into the State Dept. of Health prior to burial, cremotion, or removal, and in any event,		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and (c).	-4-	bosis		APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH STUBBLE
s that the cian. d by the att		Canditions, if any, which gave rise to immediate cause (a),	(b) 0 0001	promont	2-2		abot 20 days
equires tho physician. signed by burial-tran		stating the underlying cause last.	(c) CEAST A CONSEQUENCE OF		TASE OR COMPLETION CIVI	TN INI DADT 1/-1	
	NOI						UCIDEDED IN CENTIFYING
The lor otten r otten be has be use os alth prior	CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO CAUSE	F YES, WERE FINDINGS CO S OF DEATH?	
SICIAN: spital o srificat ed for ed for	MEDICAL C	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. Manth Day Year iner) P.M.				
G PHY:	2	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			y ar Tawn	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	ľ	sow the deceased	his hospital) ottended the decease alive an	9 6 4, one that in (my) (a	eur) opinion deoth	occurred an the dot	that (4) (we) last e ond hour ond from the
4 × 4 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 ×		22b. SIGNATURE	and I . Chang b	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c. D.	ate signed   69
TO HOSPITAL (Poge 4 may b TO FUNERAL D director, page should be file			Paul Chang	22e. ADDRESS	Com H	my 53 G	Barrie no
F F		REMOVAL (Specify)	DATE 23c. NAME OF 13 2 ADDRESS	CEMETERY OR CREMATORY	REC'D BY REGISTRAR	ON (City or Town)  2Sb. REGISTRAR'S S	(County) (State)
VR A15 13	24.	FUNERAL DIRECTOR	1000 Penetry	DATI	CCD E	1969 REGISTRARY 5	and Judge

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4	MARYLAND STATE DEPARTMENT OF HEALTH  0.0163 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item6 FilmG408 1/23/69 kk CERTIFICATE OF DEATH 00162
death.	1. DECEASED-NAME (Type or print) A NNIE Middle Lost 20. DATE OF DEATH  Or 1969 1148 pm
rs after 19965	3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  October 4, 1896  6. AGE (In yeors   FUNDER 1 YEAR   IF UNDER 24 HRS.   MONTHS   DAYS   HOURS   MIN.   MIN
d in-by pers. F	70. BIRTHPLACE (Stote or foreign country)  Maryland  75. CITIZEN OF WHAT COUNTRY?  WIDOWED A DIVORCED 9. COUNTY OF DEATH 177  WIDOWED A DIVORCED Md.
ed within 24 vetely filled in parban paper int, within 72	10. CITY OR TOWN OF DEATHBlen Burnie NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY BOX Co.
complete on the grant of the control	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Maryland 13b. COUNTY Anne Arund 1 Pasadena 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER Poplar Ridge 1898 Cedar Rd. Pasadena Md.
be exe	14. FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost Mary E. Callender
ertificate b physician ien please aval, and i	16b. SOCIAL SECURITY NO.  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  Mrs. Mary Dillard 405 Stately Dr. Pasadena
equires that the death certific physician. signed by the attending physi burial-transit permit. Then p burial, crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LEFT COURT  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  LOCUES  LOCUES  LOCUES  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  LOCUES  LOCUES  LOCUES  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  LOCUES  LOCUES  LOCUES  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  LOCUES  LO
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w requing philing philing philing philing philing philing philing philing philing purite but the but t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law ratending has been ise as the th priarta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
ICIAN: pital ar trificate d far u af Heal	G   OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   19   P.M.   19
binG PHYSICIAN: The law reby the haspital ar attending there this certificate has been be detached far use as the State Dept. af Health priar ta	While Not while of work of work
by by Star Star	220. I certify that (I) (this hospital) ottended the deceosed from
O HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: 4 director, page 3 shauld shauld be filed with the	22b. SIGNATURE  DEGREE ATTENDING MED. STAFF 1/20/69
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v	22d. PHYSICIAN'S NAME (Type) MAX C FRANK up 22e. ADDRESS JE Rithie Huy - Cley Burnie
Page No Fun direct shaul	230. BURIAL (REMATION, REMOVAL (Specify) 1/23/69 Cedar Hill Ritchie Highway A. A. Co. Md
VR A15 (4) 30M REV. 1/68	24. EUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ASSOCIATION  250. RECISTRAR  250. REGISTRAR

THE PERSON OF TH 28100

9,0	1	Item5 6 correct Film DE VITAL DECORDS 201 W DESTON STREET BALTIMORE MARYLAND 21201
1/8		2/10/69 kk O0164 CERTIFICATE OF DEATH
death.		1. DECEASED-NAME (Type or print) First Middle Last 2a. DATE OF DEATH Manth Day Year 5.15 M
Mithin 24 hours after death tely filled in by the funeral bon edgers. Peges I and 7 within 72 hours after death		3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years if under 1 Year if under 24 Hrs. last birth boy) Months DAYS HOURS MIN.
within 24 hours after ity filled in by the fun within 72 hours after within 72 hours after		76. BIRTHPLACE (State of foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
24 hinders.		COUNTRY)  WIDOWED DIVORCED CAMPE CALL MAD  10. ATT OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of averly dane 12b. KIND OF BUSINESS OR
arben fill	00	Character of a street address of Jerrace during most of working life, even if edired.) INDUSTRY
	02	130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 13b. COUNTY 13c. STREET AND SUMBER 13c. STREET AND
be exe and co eremo	1	14 FATHER'S NAME First Middle Asst 15-MOTHER'S MAIDEN NAME First Middle Lost
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and complete se as the burial-transit permit. Then please remave can the priar ta burial, crematian, ar removal, and in any event,		160. WAS DECEASED EVER IN U.S. ARMED FORCES? TESTING (If yes give wor or dates of service)  16b. SOCKY SECURITY NO. 216134294(1) Charlotte Handen- and Address Man.  216134294(1) Charlotte Handen- and Man.
h cert ing pl Ther remov		18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY:
ne death attendii permit. ian, ar re		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Carcinoma of the Esophagus  DUE TO, OR AS A CONSEQUENCE OF
at the the nsit p		Conditions, if any, which gave (b).
equires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)
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PHYSICIAN: le haspital ar his certificate etached far u Dept. af Heal		(If either, natify medical examiner) P.M. 19 21d. INIURY OCCURRED 21e. PLACE OF INIURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. City or Town County State
G PH) the h this detac		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-trans, shauld be filed with the State Dept. af Health priar ta burial, crea		22a. I certify that (I) (this haspital) attended the deceased from July 27, 1968, ta Jan. 27, 1969, that (I) (we) las saw the deceased alive an Jan. 27, 1969, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady ofter death.
OR AT on retaining 3 short with side with		22b. SIGNATURE DEGREE ATTENDING MED. STAFF PHYS. Jan. 28, 1969
PITAL OR may be ERAL DIR	1	22d. PHYSICIAN'S NAME (Type) R. L. Richardson, M.D.  22e. ADDRESS 110 Clay St., Annapolis, Md., 21401
O HOSPIT Page 4 m O FUNERA director,	8	23g BURIAL (REMATION, 23b. DATE 28c. NAME OF CEMETERY OR (REMATORY) 23d TOCATION (City or Town) (County) (State)
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cert The The		1B. CAUSE OF DEATH (Enter only	ane couse per line	for (o), (b), ond (c).	)	177			APPR BETWEE	ROXIMATE INTERVAL EN ONSET AND DEATH
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of Tillification	MEDICAL	(If either, natify medical examine	r) P.M.	1	9					
PHYS b hos nis ce foche Dept.	2	21d. INJURY OCCURRED 21e. P While Not while of work	LACE OF INJURY (AT	FICE BUILDING, ETC.	(Tary.) 21f. L(	OCATION Stree	et ar R.F.D. Na.	City ar Tawn	County	State
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Aft be Stee Stee		saw the deceased ali	nn an	0	967 an	d that in (m	y) (aur) apinian	death occurred an th	e date and ha	ur and from the
OR:		causes stated abave,	(I) (we) (did) (d	id nat) view the	bady after	death.				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Poge 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of the state		22d. PHYSICIAN'S NAME (Type) 19/6er	to you	30/03		69	en arra	Eana Dril	e gon	abolis
e 4 UNE	230	BURIAL, CREMATION, 23b. Da	ATE	23c. NAME OF	CEMETERY OR	CREMATORY		. LOCATION (City or Tawn)	(County)	(State)
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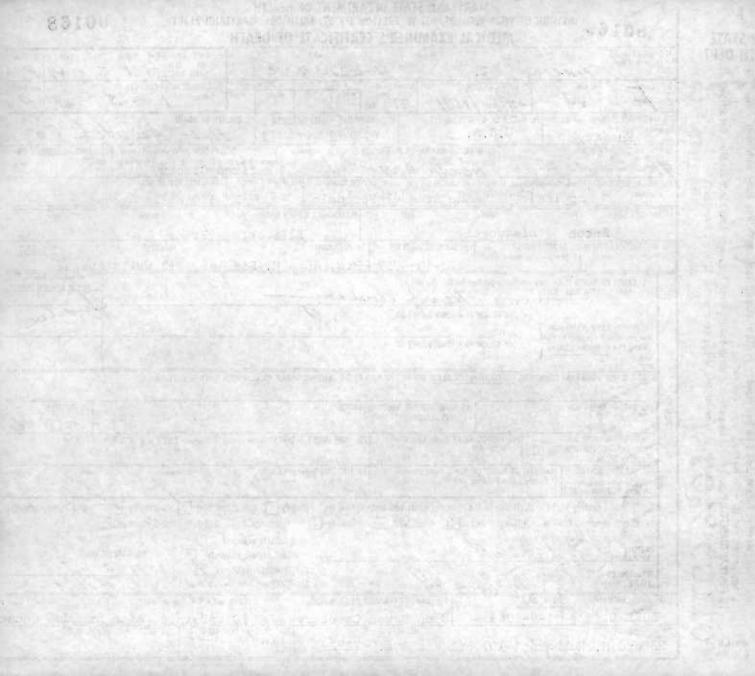
MARYLAND STATE DEPARTMENT OF HEALTH 00168 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00167 Item#6. FilmG409 2/3/69 km CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Catherine Holtzer 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS 24 hours after last birthday) 686 7YRS MONTHS I DAYS HOURS 11/25/01 female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland WIDOWED T US DIVORCED [ Anne Arundel by the attending physician and campletely titled-ransit permit. Then please remove serbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress during most of working life, even if retired.)

Crownsville State Hospital INDUSTRY Crownsville vent, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 1100 N. Calvert Street Maryland Balto Baltimore and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost unknown unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) 213-12-2529T Hospital Records, Crownsville State Hospi ar removal, 18. CAUSE OF DEATH (Enter only one cause per line fer (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T far use Health O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 6 - 1, 19 66, to 7 - 6, 19 68, that (I) (we) last sow the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 1/16/69 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type)/7/ber 695 Americana Dr. 24 - Anna director, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify) Holy Redeemer Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR ATS Milarles Judge C. Miller Inc-6415 Belair Rd. -21206 DAVAN 29

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Howard H. Hubbard, 4107 Wilkens Ave.



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requires I physici signed burial-		PART 2. OTHER SIGNIFICANT CONDI	(c)
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rending by R: After wild be the Stat		22a. I certify that (I) (this saw the deceosed oliv causes stoted obove, (	haspital) ottended the deceased fram 19, 19, 19, 14, 19, 19, 19, that (I) (we) last the on 12-30-689, and that in (my) (our) opinion death occurred on the date and hour and from the (I) (we) diag (did not) view the bady after death.
OR AIT be retain DIRECTO		22batchayure & Color & (	P. Halin. DEGREE PHYS. MED. STAFF (-1-69.
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TO HO Page To Fu	B	BURIAL, CREMATION, 23b. DA PREMOVAL (Specify)  FUNERAL DIRECTOR	2.1969 Gles HALISEN Memorialt & Hen BURNIE, Mid-
VE AVS OF	1	PUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 250. REC'STRAR'S SIGNATURE 1969

MAKTLAND STATE DEPARTMENT OF MEALIN

AND SECTION SHALL

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH				EPARIMENT OF HEALT		
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VIE DIVISION OF STATISTICAL RESEARCH AND RECORDS 00173 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OF TOWN(If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town di NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 0Wa20 4. DATE NAME OF First Middle Last Month DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INTAINANCE 16. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. While Not while at wark ot work p. m. 21. I certify that (1) (this haspital) attended the deceased from... and that death occurred of M, from the causes and an the date stated above. sow the deceased alive on 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RICHARD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City\_town, 23a. BURIAL, CREMATION. EMIDVAL (Specify) UNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRES REC'D BY REGISTRAR VR A15 (4)

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TATA GIVE STATE DEPARTMENT

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00174 CERTIFICATE OF DEATH y the funeral Pages I and 2 urs after death. Last 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR executed within 24 haurs after death Month 1/4989 (Type ar print) Frank E. Hutchinson 5:00 M Then please remove carban papers. Pages I removal, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Male White Sept. 1918 15, last birthdoy) MONTHS ZYAO HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? completely filled in by 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED DIVORCED [ Anne Arundel WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR North Arundel Hosting most of working life, even if retired.) give street address) INDUSTRY Pasadena Electric 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗍 Pasadena NO 3 Rt. 7 Box 267 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle physitians Mason Hutchinson requires that the death certificate be Mattie Hackett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war ar dates of service) Rt. 7 Box 267 Mrs. Norma Hutchinson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. 5 IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, natify medical examiner) State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na. City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram-704 \_\_\_\_\_19 \_\_\_\_, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_\_ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BURIAL CREMATION. (State) REMOVAL (Specify) Prooklyn. Cedar Hill 24. FUNERAL DIRECTOR **ADDRESS** D.BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mc Cully Williamley 130 E. Fort "ve. 1969 30M REVI

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	CERTIFICATION			HICH OPERATION WAS P		20a. AUTOPS	NO 🔀	20b. IF YES, WER CAUSES OF DEAT	TH?		RIIFYING
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		21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		()		City or Town		County	Stote
		22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) (at	ended the deceas	ed fram	tem!	5, 19.67,	taften	, 19	6 / that	(I) (we) las
		saw the deceased of	live an	(did not) view the	bady after	d that in (my) death.	) (aur) apınian	death accurre	d an the da	te and haur	and fram the
	1	22b. SIGNATURE -	1 2	0-11				STAFF	22c.	DATE SIGNED	
ı		Millau	1/2	mills	DEGR			R PHYS.	□ 1-:	22-69	
1		22d. PHYSICIAN'S NAME (Type) W111	ard F.	Smith. N	1.D.	22e. ADDRE	ady Sid	e. Md.			
2	30.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF				LOCATION (City o	or Town)	(County)	(Stote)
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2	24.	UNERAL DIRECTOR Hutchins Fu	neral F	ADDRESS	ings,	Md.	DATE JAN 2	7 1969	RECEIPTRAR'S	SIGNATUR	Car
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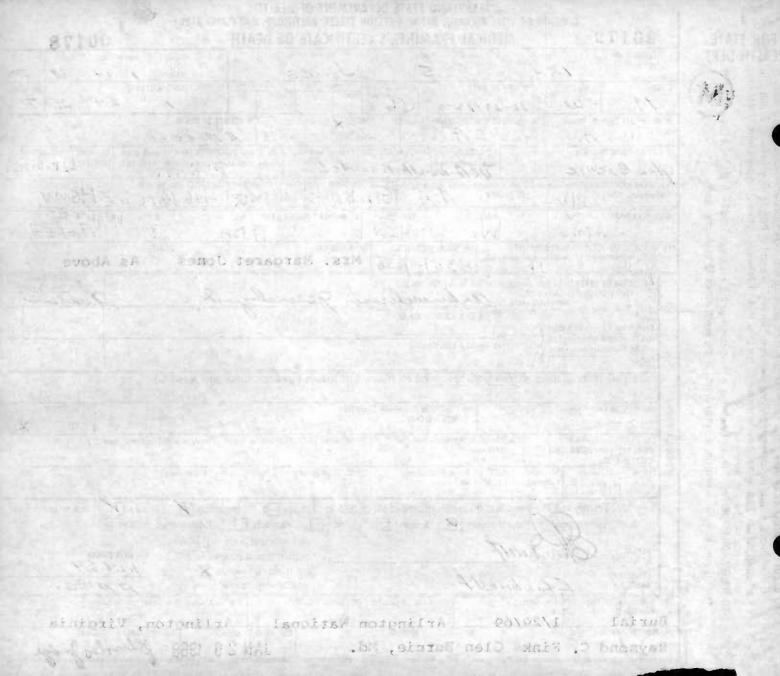
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	ecuted with campletely ove carban y event, wi		12-	USUAL RESIDENCE (Where dece	grad lived if inc	hildren's	13c, CITY OR T	r Hospi	Cal II	nstitut	iona	Lized	-
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	g pl			1B. CAUSE OF DEATH (Enter	only one cause or			eruren.	1	- 1	- hT nen	APPROXI	MATE INTERVAL
	ne death cer attending p permit. The			PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (o) _	( n son		in 1	1.0.	- <del>*</del>	15	BETWEEN O	HTASE DIA TECH
,	attendi permit.	V		486X		OR AS A CONSEQUENCE OF		1	/ nu	CWELL-	1		
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	aspital ar certificate hed far un			210. ACCIDENT WAS UNDERLY		E OF INJURY .M. Month Day Year	21c. HOV	INJURY OCCURRED	(Enter noture	e of injury in Port	1 or Port 2,	Item 18.)	
	SICI spit ertifi ed t		MEDICAL	(If either, notify medical exor	niner) P.	.M.	9			155mre			
	PH he h this this etac		M	21d. INJURY OCCURRED While Not while at work of work	e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(TORY.) 21f. LOC	ATION Street or R.	F.D. No.	City or Town		County	Stote
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	FO HOSPITAL Page 4 may TO FUNERAL director, pa	1		NAME (Type) Rol	ando V	. Goco, M	. D.		Child:	ren's (	center	r Hosp:	Ital
	HO FUN FUN Tect		230.	BURIAL, CREMATION, 23b	DATE	231 NAME OF	CEMETER OR CI	REMATORY	23d.	LOCATION (City o	r Town)	(County)	(Stote)
	5 5 5 p	N 0	1	REMOVAL (Specify)	11/1/1/21	alle	Wa DI	NUN	130	Wille	AH	10%	190
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	90179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00178
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR
lay is Page	(Type or Print)  OF ESTI-  DEATH MATED   124 169 77
P P P P	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   2d. HOUR   2d. HO
ny delay 2, and 3 PM3. Pa	M W 12-27-12 SGYRS. MONTHS DATS HOURS MIN Month , DOY 2 4 YEAR P.
	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form form	country) W. VA. USA. WIDOWED DIVORCED A.A. CO.
Give Pages Give Pages ang with far h the State	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)  11c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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0 % 0	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MD 13b. COUNTY A.A. CLANBORNIC YES NO DE HIG RITCHIC HOW Y.
t haurs a ltem 18. Office al land 2 de after dec	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle DILLOST Toost
24 haurs in Item 18 r's Office es land 2	JAMES W. JONES ADA ?
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
l within n pencil Examine File pag	(Yes, no, or unknown) (If yes give yarder dates of service) 233 07-1138 Mrs. Margaret Jones As Above
ecuted wit ing" in pe edical Exar ermit. File within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH
be executed "pending" in rief Medical E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) arknowlerances generalized Justian
be exemple in the period of th	440 9 DUE TO, OR AS A CONSEQUENCE OF
be l'p hiel	Conditions, if ony, which gove rise to immediate couse (a), (b)
should be e ne word "per o the Chief I burial-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
she voil of the buri	lost. (c)
This certificate should icate, writing the word be farwarded to the Cl de used as a burial-tr or removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
his certifate, writine farwar	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  YES NOW:  216. TIME OF INJURY Month, Doy, Year  216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
This critate, be far be far rem	WAS PERFORMED?  YES □ NO.N€
4 _ 4	
INER: T shauld b files. 3 shauld natian, or	CAUSE OF DEATH P.M. 19
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XA Jite ge Yau Yau cre	AT WORK AT WORK
ICAL E. e executar. Paged far ed far Ectors: CTOR: Purial,	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔲, Inspection 📝, Inquiry 📝, and in my apinion
Se e ctor ned ned bu	death resulted trange. Natural causes M, Accident M, Suicide M, Hamicide M, Undetermined manner M
please director retaine DIREC	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIE
JITY please eral direct be retain RAL DIRE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED
O DEPUTY DICAL E	EXAMINER'S NAME (Type)  ELinbria 4.  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)
o DEPU necesso the fun 5 may 0 FUNE Health	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
F F	REMOVAL (Specify)
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV, 1/68	Raymond C. Fink Glen Butnie, Md. DATE JAN 29 1969 Acharles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



2 1		00180 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	00179
death. neral and 2 death.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH	ay Year S A M
ate be executed within 24 hours after death. ician and campletely filled in by the funeral lease remave cortain papers. Pages 1 and 2 and in any event, within 72 hours after death.	3. 5	Fenale 4. RACE White 5. DATE OF BIRTH June 24, 1885 lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MDNTHS DAYS HOURS MIN.
24 haur d in by pers. P	cau	BIRTHPLACE (State or foreign ntry)  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  WIDOWED DIVORCED  ADDIA DE ARTONIO	el County Md.
within within bank fille	C	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cample rave con y event	aam	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13sission) STATE MARYLAND 13b. COUNTY AND R. Hounder SEUZBARK YES NO 12 46 Boone	Day Year 2b. HOUR POOR 2 A M MIN. THE WORK ON THE WORK OF THE WORK
e be ex an and use rem		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  SELF MARTHA JONGS	Last
Na p s	160	Was DECEASED EVER IN U.S. ARMED FORCES? (If yos give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Woodrow 5. Harrison Severna	Park, mil
d nit		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
that the d an. by the atte transit perr		Canditions, if any, which gove rise to immediate cause (a).	Yeleno
PHYSICIAN: The law requires that the le hospital ar attending physician. his certificate has been signed by the artached far use as the burial-transit pe Dept. af Health priar ta burial, cremation		Stating the underlying cause Due to, or as a consequence of (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<b>Y</b>
aw required been significant to be	NOIL		CONCIDENCE IN CENTIFYING
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rSICIAN ospital certifica hed far it. af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M.  21d INVIREY OCCURRED 21e PLACE OF INVIREY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or P.E.D. No. (6th or Taylo	
NG PH'y the hy er this e detac		While Not while OFFICE BUILDING, ETC.	
OR ATTENDING be retained by the NIRECTOR: After the 3 should be ded with the State		220. I certify that (I) (this hospital) attended the deceased from 1968, to 3,	ate and haur and fram the
be rette birect DIRECT		DEGREE CHYS DEGREE CHYS DIRECTOR STAFF PHYS.	DATE SIGNED 169
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	72-	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
Page TO FL dire sha	1	BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify 2 Name of CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  FUNERAL DIRECTOR 23b. REC'D BY REGISTRAR 25b. REGISTRAR  ADDRESS 1850. REC'D BY REGISTRAR 25b. REGISTRAR	Talbet Md
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MAKTLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		UULOL MEDICAL EVAMINEDIS CEDTIEICATE DE DEATU	00120	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Type or Print) OF ESTI-	Doy Year	2b. HOUR
age age		HERMAN K. JUPITZ DEATH MATED 1	9 19 69	-
PM3. Page	3. 5	last birthday) MONTHS DAYS HOURS MIN. Month Day	Yeor	2d. HOUR
P. ar		le White (797) 1,1924 42 YRS. January 9		19-10
		ntry) A2		
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Give Pages ong with far the State th.			INDUSTRY	
+ 0 = 540		USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
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hours them 18 Office of 1900 2 v	14.	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Lost	
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within pencit xamine xamine 11e pag		(es, no, or unknown) (ff yes give are deles of service) 214-20-4306 Mrs. Pauling Jupitz Route 10 Box 8	TSE Por	lan. A
d with pe Exar Exar File in 72		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE BETWEEN ONSET	
be executed "pending" in nief Medical Es ansit permit. Fi event within		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Isopropyl Alcohol intoxication	BELMEEN ONZEL	AND DEATH
e executive pending ef Medico		8539 DUE TO, OR AS A CONSEQUENCE OF		
be hief		rise to immediate cause (a), (b)		
shauld be e ne ward "per a the Chief I burial-transit		stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF		
the tat to the burner of in		(c)		
is certificate shauld be executed with te, writing the ward "pending" in pen forwarded ta the Chief Medical Examble used as a burial-transit permit. File premaval, and in any event within 72 to the mandard of the man		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
certificate, writing to orwarded used as a maval, an	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY	?
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# 7 =		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11	tem 18.)	- 10
EXAMINER: Total the the certification of the should be your files. Page 3 should	MEDICAL	CAUSE OF DEATH 2 P.M. 1 6 19 69 Subject ingested isopropy1 a 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn	1coho1	· ·
XAMIN The the tige 4 sl your fill your fill cremd	2	while Not while foctory, affice building, etc.)	County	State
recute Page Page far yo R: Pag	3		A. A.	Md.
		22a. I certify that I taak charge af the remains described abave, held an Autopsy XX Inspection, Inquiry		y opinior
JTY DICASE EVEL PLANTING TO THE PROPERTY OF TH		CHIEF MEDICAL EXAMINER	_	
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o DEPUTY necessary, the funeral 5 may be n O FUNERAL Health prid	-	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, tawn, ar caunty)		
0 = + 2 D +	230	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town)	(County) (St	rate)
	24.	FUNERAL DIRECTOR   5 To Vens Fine ADDRESS of the Fine 250. RECID BY REGISTRAR 250. REGISTRARS	SIGNATURE	10
VR A15ME (5)		Chorles 1501 EasT FIFT AVENUE DANAN 14 1969 JChan	Do Judge	

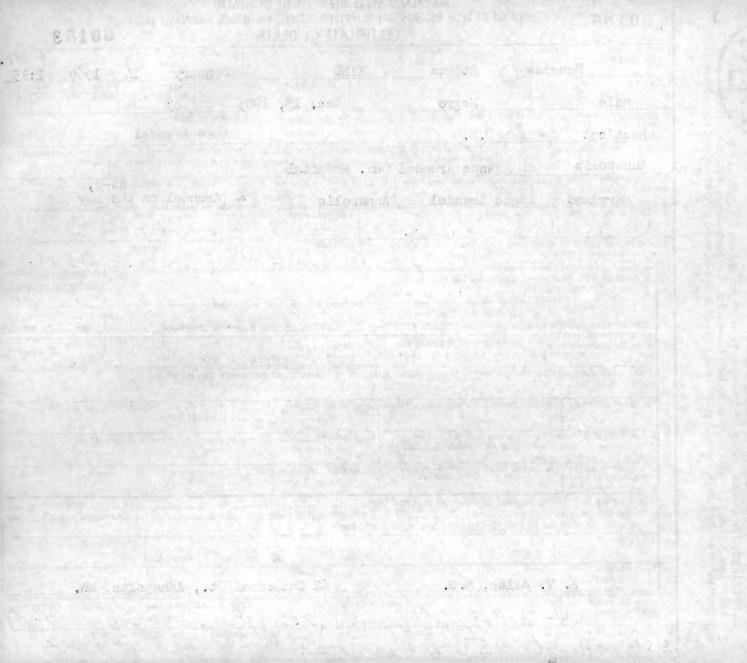
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00182	CI	ERTIFICATE OF DEATI	the state of the state of	00181
1. DECEASED-NAME First (Type or print) PETH	Middle  R EDWARD	lost KAIROS	20. DATE OF DEATH Month JANUARY	2b. HOUR 21 19691:22 M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE	DECEMBER	17,1926 lost birthdoy) YR	MONTHS OAYS HOURS MIN
	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) MARYLAND	USA	WIDOWED DIVORCED	ANNE ARUNDEL	Md.
10. CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL OR INST give street oddress) NORTH ARUNDE	ITUTION (If not in hospital 120. Uduring	ISUAL OCCUPATION (Kind of work don a most of working life, even if retired UPHOLSTERER	12b. KIND OF BUSINESS OR INDUSTRY UPHOLSTERY
13o. USUAL RESIDENCE (Where deceose	d lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE C	The state of the s	
3 odmission) STATE MARYLAND	136. COUNTY Balts.	BALTIMORE YES	NO□ 884 MILDRED	AVE
14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM		Lost
GEORGE	KAIROS		VIOLET	STANELY
16o. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo	D FORCES? 16b. SOCIAL SECURITY NO 10 to 10		Address (wife) SA	ME AS #13
IR CAUSE OF DEATH (Enter only	one cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY: Core	owary Thron	150111	2 days
4-109	DUE TO, OR AS A CONSEQUENCE, OF			
Conditions, if ony, which gove	(b) fee	its pulmon	ary edeur	
rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	A. S. C. U	. 0.	
	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	
190. DATE OF OPERATION 196. O	ONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examin 21d. INJURY OCCURRED 21e.	HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (	Enter noture of injury in Port 1 or Port	2, Item 18.)
While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC.			County Stote
22a. I certify that this saw the deceased al	s hospital) attended the decease ive an	d from Jay 9 , 1 69, and that in (my) (aur) ody after death.	969 , ta Jas. 21 , apinian death accurred an the	19 <u>69</u> , that (II) (we) last date and hour and from the
22b. SIGNATURE	(1.5)(1.5)(1.5)			22c. DATE SIGNED
	Daloeing M	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS. D	as 21, 1969
201 DINCICIANIC	ERT DABOLLI	220 ADDRESS	- Hug NW Glu !	Burni Md
230. BURIAL, CREMATION, 23b. I	ATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)	24/69 GLEN H	AVEN MEMORIAL F	ARK GLEN BURNII	
24 TINGRAL DIRECTOR	SINGLETONPREU	NICHAL LIME 250 REC	IAN 2 3 1959	AR'S SIGNATURE

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1		MAKILAND STATE DEPARTMENT OF MEALIN	LAND CLOSE
		00183  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL CERTIFICATE OF DEATH	00182
Desi Ni	1. D	DECEASED-NAME First Middle Lost 20, DATE OF DEA	ATH 2b. HOUR
deat deat	(	(Type or print) EDGAR LEE KeITER DAMMARY	Month 6 Doy 14ear 197 M
urs after or the fundamental properties of the fundamental propert	3. S	SEX 4. RACE 5. DATE OF BIRTH 6.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS OST DITTHOON)  YRS.
24 hours aft d in by the sers. Pages 72 hours af	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEL	
be executed within 24 hours affer and campletely filled in by the file house corbon popers. Pages in any event, within 72 hours affer any event.	1/2	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, Arandel General Hospital Fore MAN	nd of work done 12b, KIND OF BUSINESS OR
complet complet veventy veventy	odr	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET NOWN 15D. COUNTY Anne Archael ODENTON YES NOWN 1610	T AND NUMBER
d in and d in an	L		Middle Lost Unknown C/ARK
rtificote by	160	- 214-07-7419 (WITE) 1610 Annapolis 1	iterAddress Rd Odenton md
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death be retained by the hospital or offending physicion.  JIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then please bemave carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate cause (o), stoting the underlying couse lost.  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)	
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or ottending physicion. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-troited with the State Dept. of Health prior to burial, cre	MOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  CRUSHED  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  1206. IF YES	PART I(0)  5, WERE FINDINGS CONSIDERED IN CERTIFYING
: The or offen has use or alth pro	CERTIFICATION	YES NO CAUSES OF    210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED. (Enter nature of injury in	DEATH?
SICIAN spitol or ertifico ed for of He	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examiner)  HOUR A.M. Month Doy Year  19	
G PHY the ho tr this c detach te Dept		While Not while of work of work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (1) (this haspital) attended the deceased fram Dec 2/, 1965, ta 10 saw the deceased alive an 1967, and that in (pg) (aur) apinian death accordances stated above, (1) (vg) (did) (dident) view the bady after death.	19 9 4, that (W) (we) last urred an the date and have and fram the
L OR A' be reft DIRECT DIRECT DIRECT DIRECT DIRECT		DEGREE PHYS. DIRECTOR DIRECTOR PH	TAFF 22c. DATE SIGNED
TO HOSPITAL (Poge 4 moy b director, page should be file	000	NAME (Type) 7. C- Cullis ND Haden Professional	Building Severing
TO HC Poge TO Fu shore		D. BURIAL CREMATION, REMOVAL (Specify)  JAN. 9 1969 MEACOWRIGE MEMPR  FUNERAL DIRECTOR  OADDRESS  ADDRESS  Descriptor BY REGISTEAR	Ridge Maryhand.
(VB ATE A)	E	EB. Flaming Singheton FUNERAL Home 250. REC'D BY REGISTRAR DAN 8 1969	25b. REGISTRAR'S SIGNATURE

Com Mile Anith Kester Obenton Inte 



MARYLAND STATE DEPARTMENT OF HEALTH Item13 FilmGuision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00184 00185 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOUR Yeor (Type or Print) ESTI-V. King 1669 Howard DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS 12/25/1915 Day Male C 'n 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED DIVORCED with the State arrol County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Md. House of Correction during most of working life, even if retired.) INDUSTRY Jessyp unemployed NONZ 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY Anne Arundel odmission) STATE YES NO X no permanent address 24 hours Office ond after 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME Middle King ONN hours poges within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) (II yes give war or dates of service) 1215 YNK Heren BAILEY File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (0) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a). writing the word certificote should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION nsed 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO | 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE please execute AT WDRK 220. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection Inquiry ond in my opinion deoth resulted from: Notural couses Suicide [ Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Jan 18, 1969 DEPUTY MEDICAL EXAMINER Spitz, Werner U. 5 moy TO FUNE Health moy **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) HubyRA 0 DURIAL 24. FUNERAL DIRECTOR . **ADDRESS** 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15ME (5) 1701 LAURENS MORTON 10M REV. 1/68

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FOR STATE	Tt.em#6	FilmGL11 L								03325	
HEALTH DEPT.	1. DECEASED-NAME	Rev. First	MILDIC	Midd		Last		2a. DATE KNOWN			
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delay	3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCE	29	- 47	2d. HOUR
9 8 8 X 2	M	W	1/19/	09	15101°	MONTHS DAYS	HOURS MIN.	Month 3	Day 30	Year 69	PM
an, 2, n Fin	70. BIRTHPLACE (St	ote or foreign 7b	CITIZEN OF WH	AT COUNTRY?	8. N	ARRIED NEVER M	ARRIED 9. CO	UNTY OF DEATH			
oath and ith form State Dep	Balti	more	4.5	,				WE- ARUN			Mo
Pages vith for	10. CITY OR TOWN		11. NA	IME OF HOSPITAL	OR INSTITUTION	ON (If not in hospita	120. USUAL O	CCUPATION (Kind of	work done   1	2b. KIND OF BUSI	NESS OR
after death 8. Give Pages 1, along with form with the State Dr.		polis	100	11050 वर्षेपानि ।		753	13d. INSIDE CITY LIMITS?	f working life, ever	12020	PYOKIS	1.
Je alon ge alon 12 with	admission) STA	NCE (Where deceased	13b. COUNTY	Residence	Bes	LTINIOLE	YES NO	13e. STREET AND NO 2111 As		Ave.	
Hours Item Office office after d	14. FATHER'S NAME	First	Middle		Last	1S. MOTHER'S MA			Middle	Last	
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INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages ation, or removal, and in any event within 72 hours	(Yes, na, ar unkno	EVER IN U.S. ARMED FOR	RCES? r or dates of service)	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	incont (	crotty,2		1.7 - 7	
d with per Exar File	no	DE DEATH (F. )		( ( ) ( )		Mev. V	Lincelle	Totty, 2	LLL AS	APPROXIMATE	
ite should be executed the word "pending" in a to the Chief Medical E a burial-transit permit. Find in any event within	PART I.	DEATH (Enter only DEATH WAS CAUSED B	37:	ne tar (a), (b), q	nd (c).)	9			/	DETWEEN ONSET	AND DEATH
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certificat writing rwarded rsed as a	NO 10- DATE OF	ODERATION		101 COUNTRION	FOR INSURAL CO	PR 17:01					
CAMINER: This certific te the certificate, writing the 4 should be forward your files.  age 3 should be used a cremation, or removal,	190. DATE OF	UPERATION		19b. CONDITION WAS PERFO		PERATION				20. AUTOPSY	
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R: ertifi s. S. ould	F PRIMARY	OR CONTRIBUTING	HOUR A.N	l	19	ZIC. NOW INDOK! O	CCOKKED (Enler hon	ore at injury in Part I	ar Port 2, sten	n 10.)	
	CAUSE OF DEA	CCURRED 21e. PLA	P.N ACE OF INJURY (A	t hame, farm, s	treet.	21f. LOCATION Street	ar R.F.D. No.	City or Tawn		County	State
cessary, please execute the certice function of the certice function of the certice function. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should brior to burial, cremation,	WHILE AT WORK	NOT WHILE AT WORK	affice building	PARM.	Calle De	Lever	en Rive	R	pa	co.	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00186 00185 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 auxs after death. 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type ar print) January William Krahling Frederick 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male White 12/27/1894 MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) Balto. Co. Md U. S. A. Anne Arundel WIDOWED [ DIVORCED completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street pedress rundel Genl Hosp emove corban during most of working life, even if retired.) **INDUSTRY** Glen Burnie, Md. S. Coast Guard 130. USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER COUNTY YES NO Marvland Bal timore 3808 4th Street 21225 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle Hartman Krahling Johanna Niemann physician ond 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Mrs. Lillian M. Krahling 3808 4th St. 21225 burial, cremation, or removol, 217-34-5035 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Canditians, if ony, which gave mary rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retoined by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗆 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work ATTENDING causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/11/69 Cedar Hill Ritchie Hwy Anne Arundel Co. 2504 PECO BY REGISTRING 69 250 REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR Patapsco Ave. DATE

MAKILAND STATE DEPAKIMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00186 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Year 2b. HOUR (Type or Print) OF ESTI-Page HERBERT C harles KULENEK 699 DEATH MATED delay and 3 t 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M.3. Whi te Male 7-29-67 7a, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pages 1, Maryland Anne Arundel. USA WIDOWED [ DIVORCED [ be executed within 24 hours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY give street address) during most of warking life, even if retired.) Glen Burnie North Arundel Hospital the Chief Medical Examiner's Office, alona death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY A. A. 1708 Leisure Lane admission) STATE Glen Burnie YES NO IX Item 18. and 2 after 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last Catherine Smith = Richard Kulenek haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT **ADDRESS** (Yes, no prunknawn) Mr. Richard C. Kulenek, Riviera Beach, Md. (If yes give wor or dates of service) None APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) permit. PART 1. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE burial-transit Canditions, if any, which gave rise to immediate couse (a) the certificate, writing the ward This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= shauld be farwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS remaval used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO Z pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK please execute 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection 2 Inquiry and in my apinian death resulted from: Natural causes . Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral 1,30.69 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, ar caunty) 1999 C/ 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 2/3/69. Loudon Park Cemetery Baltimore. Md. 24. FUNERAL DIRECTOR **ADDRESS** Leonard J. Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

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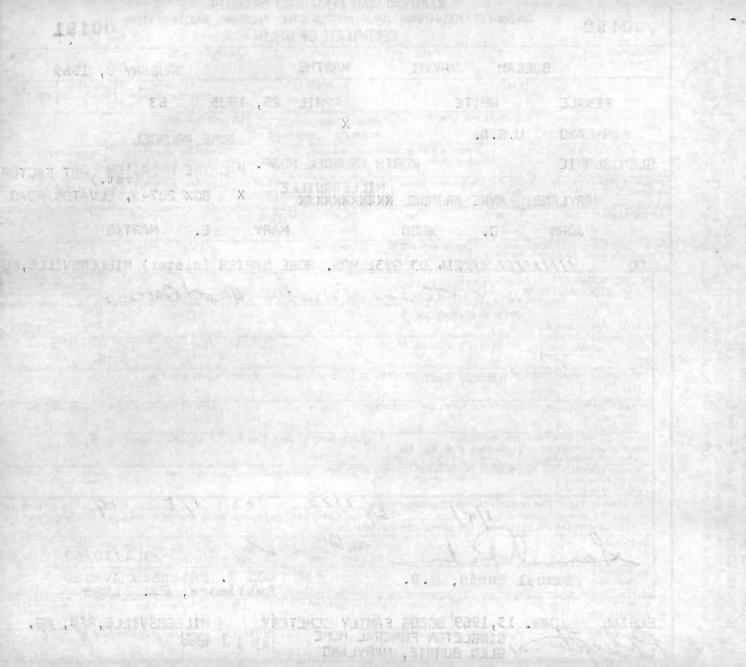
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		00189	DIVISION OF VITAL RECORDS	CERTIFICATE OF		E, MARYLAND 21201	0018	8
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	3. S	Femal	4. RACE Cacec.	S. DATE OF BI	- 7- 88	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
/		BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED 9. COU	NTY OF DEATH		
		POTAIND	USA			nne Arundel		Md.
		Annapolis	give street oddress)	ISTITUTION (If not in hospital  Hospital		JPATION (Kind of work done vorking life, even if retired.)	12b. KIND OF E	SUSINESS OR
-	13o.	USUAL RESIDENCE (Where decedission) STATE Maryline	osed lived, if institution: Residence before 13b. COUNTY	Annapolis	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	e ave.	
	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MA	AIDEN NAME First	Middle		Lost
		Jo sep 1	n Goldbe	erg	Anna		Fishma	n
		. WAS DECEASED EVER IN U.S. AR				Address	lver Sp	
	_	no '	war or dates of service) 2/7-14-3		d Levy 22	25 Richland Dr		lud.
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c)				BETWEEN ON	ISET AND DEATH
			IATE CAUSE (o)	KEMIA.			6 mo	neho
		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	2 .			20	
		rise to immediate couse (o),	(D)	7			2de	rito
		stoting the underlying couse lost.						
			ONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINA	I DISEASE OR CONDITIO	ON GIVEN IN PART I/o		
		THE STORE STORE CO	Montono Contributino 10 deani doi i	TO THE TENNEN	. DISEASE ON CONDINIC	SIT SITER IN TAKE I(U)		
	CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CE	RTIFYING
	TEEC			YES	NO X	CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLY				of injury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		9				
ı	ME	21d. INJURY OCCURRED 21e While Not while of work of work	e. PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Stree	nt or R.F.D. No.	City or Town	County	State
-		22a. I certify that (I) (t	his haspital) attended the deceas	ed from 12-21	, 1968,	ta_/~//, 19	69, that	(I) (we) last
		saw the deceased	alive an	1967, and that in (m	y) (aur) apinian d	leath accurred an the do	ite and haur o	and fram the
		22b. SIGNATURE	e, (i) (we) (ala) (alatiot) view lile	budy uner deam.		220	DATE SIGNED	
		Adolet	tux devemo.	DEGREE PHYS.	NG MED.	STAFF COL	1-11-	69
		22d. PHYSICIAN'S		22e. ADD	RESS		11	
		NAME (Type) Roa	ELEKE ADEY	EHO	CLANNI	4 poles, 7	9	
	23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(Stote)
		REMOVAL (Specify)	1/12/69 Kneset			mapolis A	40.0	lld .
1	24	EUNERAL DIRECTOR		7	2So. JAN BY REGIS	TRAPS 69 2Sb. PEGISTRAPS	AIGHTURE	
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			00191		ERTIFICATE OF DEATH		00190
	deoth.		ECEASED-NAME First Type or print)  Grace	Middle I 。	lost Lower	2a. DATE OF DEATH  Manth 6 Day	2b. HOUR 1969 10:50Mg
	the fundings of the fundings o	3. SE	female	4. RACE	S. DATE OF BIRTH 5-18-11	6. AGE (In years last burthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	4 hours in by ters. Pa 72 hours	7a. E	BIRTHPLACE (Stote-or foreign 7bntry) Mary and	USA	8. MARRIED NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
	in the certificate be executed within 24 has gaphysician and completely filled in the please remove carbon papers.	10. C	Glen Burnie	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 12a. USUA during mo	L OCCUPATION (Kind of work done ist of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY UMD Home
	complete complete confidence conf	13o. admi	USUAL RESIDENCE (Where deceased ission) STATE Mary Land	lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY UP  Glen Burnies NO	MITS? 13e. STREET AND NUMBER  7819 Oakwood	d Road
	nd c	14. F	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI		Lost
	an o ase ase	140	Basil WAS DECEASED EVER IN U.S. ARMED	Johnson FORCES? 116b. SOCIAL SECURITY NO	D. 117. INFORMANT	(unknown) Address	
	hysici n pleo		(es, na, ar unknown) (If yes give war or			Lower (husband)	Same As #13
\ \	The low requires that the deoth certificate be executed within 24 hours after deoth attending physician.  has been signed by the aftending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages 4 and the prior to burial, cremation, or removal, and in any event, within 72 hours after deoth		PART 1. DEATH WAS CAUSED B' IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause	CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  Cirrhosi  DUE TO, OR AS A CONSEQUENCE OF  (c)	s of liver	ONDITION CIVEN IN PART 1/-1	APPROXIMATE INTERVAL BETWEEN ONSET AND OCATH  2 W/L
il,	requestion of the property of	7	PART Z. OTHER SIGNIFICANT CONUIT	The Man and Ma	THE TERMINAL DISEASE OR C	UNUTTION GIVEN IN PART I(d)	
101		CERTIFICATION	19a. DATE OF OPERATION 19b. COM	NOITION FOR WHICH OPERATION WAS PER	YES NO 🗆	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
0	PHYSICIAN: e hospital or nis certificate stoched for n Dept. of Heal	MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19		nature of injury in Part 1 or Port 2, I	tem 18.)
>	s PHYS the hos this ce detoche e Dept.	8	While Not while at work		DRY.) 21f. LOCATION Street or R.F.D. Na.		County State
H. Ta	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	88.8	couses stoted obove, (	hospitol) ottended the decease e on19 I) (we)(did)(did nat) view the b	from 72 20 , 1966 69, and thot in (my) (our) opin od/after deoth.	nion death occurred an the do	te ond haur and fram the
1	be reto DIRECTO BORNEL DIRECTO		22b. SIGNATURE	Mirlily los	DEGREE PHYS.	ED. STAFF 22c. C	7-69
	SPITA 4 moy IERAL or, po d be fi		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	ood Rd. Glants	Burnio, Md.
	TO HOSPITAL Page 4 moy TO FUNERAL director, poi should be fi			. 10,1969 Glen I	emetery or crematory Haven Memorial Pa	23d. LOCATION (City or Town) rk Glen Burnie	
	VR A15 (4) 30M REV. 1 48	24.	FUNERAL DIRECTOR	Singleton APPEN	Parvland PARE DATE	REGISTRAR 256 AFGISTRAR	SIGNATURE

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T.		CEASED-NAME	Fire	st	Mi	ddle	Last		2a. DATE	KNOWN	Manth	Day	Year	2b. HOUR
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200	3. SE.	X	4. RACE	S. DATE O	F BIRTH	6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE	PRONOUNCED	DEAD	77.7		2d. HOUR
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		IRTHPLACE (Stote	or foreign		WHAT COUNTRY?	8. M.	ARRIED 😿 NEVER MAI	RRIED 9. CO	OUNTY OF D	EATH	396	-		
	caunt	Md.		U	.S.	WII	DIVO	ORCED .	Anne A	Arunde	1			Mc
4		IY OR TOWN OF			1. NAME OF HOSPI		N (If not in hospital Arundel	12a. USUAL (				12b. KINI INDUSTRY	D OF BUSI	NESS OR
1						MOI OIL		Id. (NSIDE CITY LIMITS?		ET AND NUMI				
2		mission) STATE	Md.	13b. COUN	nstitution: Residen	te before 13t. Ci	len Burni			Eleve		C+		
1	14 E4	THER'S NAME	First		iddle	Lost	IS. MOTHER'S MAI			Mid		50.		
	14. FF	TITEK 3 NAME	LIIZI	? "	iddie	rası	13. MUINER 3 MAI	DEN NAME FIIS	2	wid	IGIE		Lost	
	16a. V	VAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16b. SOCIAL S	ECURITY NO.	17. INFORMANT			ADDRES	S			
	(Ye	is, na, ar unknown	(If yes giv	re war or dates of sen	218-01	-7076	Evelyn L.	Martin	280 1	1th. S	St. C	hels	tea B	each
			DEATH (Enter o	nly one couse i	per line far (a), (b)		1					Al	APPROXIMATE TWEEN ONSET	INTERVAL
		PART I. DE	ATH WAS CAUS	ED BY: NATE CAUSE (a).	oil.	Lapen	1 Nest	ane				14		S /
		201X	טומייותו		, OR AS A CONSEQ							10	1	-1
43		Canditians, if an		1										
57		rise to immedia			, OR AS A CONSEC	UENCE OF			15.17					
		last.		(c)										
		PART 2. OTHER SI	GNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL D	DISEASE OR CONDIT	ION GIVEN IN	PART 1(a)				
	NO	19a. DATE OF OP	EDATION		10h CONDITI	ON FOR WHICH O	DEPATION				4335	120	. AUTOPSY	2
5	FICAT	17d. DATE OF OF	LKAHON			RFORMED?	ERATION					20.	YES 🗀	NO
	CERTIFICATION	21a. EXTERNAL CA	AUSE WAS	21b TIM	E OF INJURY Month	Doy Year	21c. HOW INJURY OC	CURRED (Enter not	ture of injury	in Part 1 or	Part 2 It	em 18 )	713	1102
		PRIMARY OR	CONTRIBUTING		JR A.M.	30	Ele. How mook! Oc	CORRED (EINC) 110	Tote or injury	, iii Tuli Tuli	1011 2, 11	om 10.,		
	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCU		PLACE OF INJU	P.M. IRY (At home, farm	n, street,	21f. LOCATION Street	or R.F.D. No.	City	or Town		County	У	State
				actory, affice bi										
				took charae	of the remains	described obo	ve, held on Auto	ipsy 🗍, Ir	nspection	⊠. Inc	quiry 🔀	1, 01	nd in m	y opinion
					causes 🔀		Suicide .	Homicide		termined i				,
	-		Sol	01	2 1			EF MEDICAL EXAMI	-,			11,500		
	1	ACTUAL SIGNATURE	6	merca	udh			ISTANT MEDICAL EX			22b. DATE	SIGNED	10	7
1		EXAMINER'S			/ _/	V	- IFI. U.	PUTY MEDICAL EXAP			1		-69	
1		NAME (Type)	1	LIN.	hard.	7 .	ADI	DRESS(Street, city,	tawn, ar cou	nty)	200	14 11	100.	
	23a.	BURIAL, CREMATI	ON 231	DATE			Y OR CREMATORY	23	d. LOCATION	(City or Tow	vn)	(County)	) (St	ate)
		REMOVAL (Specific Burial		1/8/69	P	ine Grov	e Balto.	Co.	Ba	1to. (	Co.			
		FUNERAL DIRECTO		h T-				DATE AN 1	egistrar 0 196		GISTRAR'S			
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15	MARYLAND STATE DEPARTMENT OF HEALTH  O 0 1 9 6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 57 Month Day Year	2b. HOUR
dy is 3 to Page	JOSEPH. PACCIARINA DEATH MATED 190	-9 PM
de de manda M3.	3. SEX 4. RACE 5. DATE OF BIRTH 12/7/26 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS	2d. HOUR
	70. BIRTHPLACE (State or foreign   75. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH	
farm farm	COUNTRY/IK9INION U.S.A. WIDOWED DIVORCED ANNE ARENded Co	Md
after death S. Give Pages 1, along with farm with the State Deeath.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  9 Per Borenia 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  9 during most of working the even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working the even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working the even if retired.)	USINESS OR
haurs after death tem 18. Give Page Office along with ans with the Star	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATEMENT 13b. COUNTY A.A.Co. Passadena YES \( \sqrt{NO} \) \( \sqrt{NO} \) \( \sqrt{No} \) \( \sqrt{Lo} \) Ad & \( \cdot{VI/K}_8 \)	Lane
=	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle To MCANTAY MAKY E. Stylket	Lost
ed within 24 in pencil in [Examiner's Examiner's Frile pages in 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 578-28-8853 MARY C. MCCARTING - MOTH	200)
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in I should be forwarded to the Chief Medical Examiner's (files.  3 should be used as a burial-transit permit. File pages I ation, ar remaval, and in any event within 72 hours continued.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Supper leasure Cardio Vascular Clasure  Dac	IATE INTERVAL
e ex penc ef M isit p	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove	-
ward " the Chi	rise to immediate couse (a). stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
certificate should be execute writing the ward "pending" rwarded ta the Chief Medica ised as a burial-transit permit naval, and in any event with	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate, writing the farward be used a broward, remayal,	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTO  YES [  21o. EXTERNAL CAUSE WAS   21b. TIME OF INJURY Month, Doy, Yeor   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	4.4
4 0 0	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. Gity or Town County	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A	Stote
o DEPUTY DICAL EXAMINER: necessary, please execute the certification of the funeral director. Page 4 should 5 may be retained far your files. 5 FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation,	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .	my ap <del>i</del> nian
necessary, the funeral 5 may be to FUNERAL Health pri	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  NAME (Type)  E. Li wh Arc V  ADDRESS(Street, city, town, or county)  A PA Co	
ro DEPU necessa the fun 5 may ro FUNE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
	PREMOVANISPECTOR)  1/22/1969 Mendowridge Mensow K. E/Kridge  24. FUNERAL DIRECTOR Section 1/22/1969 Mendowridge Mensow K. E/Kridge  24. FUNERAL DIRECTOR Section 1/22/1969 Mendowridge Mensow K. E/Kridge  25. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE.	md.
VR A15ME (5)	Sing le for Fynaral Home-GlorBakrie Mybate JAN 23 1969	see.

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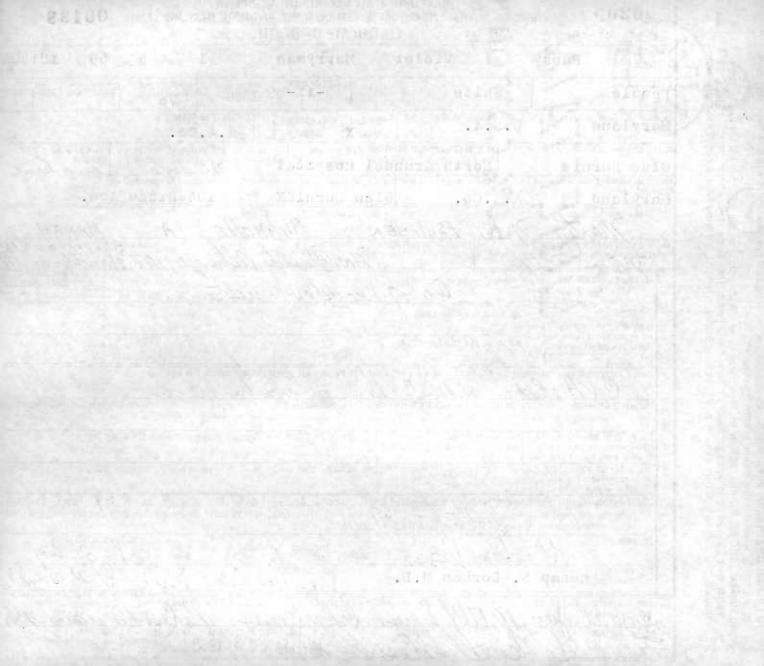
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	3. SEX		4. RACE		S	. DATE OF BIRTH		6 AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
s age	Fem	ale	WI	hite	(	oct. 31, 1	1926	last birthd	YRS.	MONTHS DAYS	HOURS MIN
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ithin 2	10. CITT OK TO	WN OF DEATH polis	11. NA give s	ME OF HOSPITAL OR IN treet oddress) Arundel	STITUTION (If not	in hospitol 12o.	USUAL OCCU	PATION (Kind of wo vorking life, even if Sewife	rk done	12b. KIND OF I	BUSINESS OR
d w d w	13o. USUAL RE	SIDENCE (Where deceo	sed lived, if institution	on: Residence before	13c CITY OR T	OWN 13d INSIDE	CITY LIMITS?	13e. STREET AND NU	IMRED	Own	Home
Complete of A ever	odmission) S Ma	ryland	13b. COUNTY Anne A	rundel	Baltime			7818 Bri		rive	
o u u o	14. FATHER'S N	AME First	Middle	Lost	15.	MOTHER'S MAIDEN NA			Middle		Lost
a sign		John	D.	Simmo	ns		Virgin	nia		Hor	ner
cate sixid olean	160. WAS DECI Yes, no, or u	ASED EVER IN U.S. AR.	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO.   17. INF	ORMANT			ddress		
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ne death cer attending p permit. The	18. CAUS	E OF DEATH (Enter or	nly one couse per lin	(c) (o) (b) ond (c)	1 10 7	Al -	A			APPROXIN BETWEEN OF	NATE INTERVAL NSET AND DEATH
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afte d	47	14		CONSEQUENCE OF	1					· ~ .	1
the the sit moti	Condition	is, if onγ, which gove nmediote couse (o),	(b) //	Since	Kylor	un	no	up.		1/2	1-6
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sign phy pur sign pur	PART 2.	OTHER SIGNAFICANT CO	NOTIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	E OR CONDITIO	ON GIVEN IN PART 1(	0)		
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trend trend sos pos os prio	190. DATE	OF OPERATION 196	CONDITION FOR WHI	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	-	20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CO	INSIDERED IN CE	RTIFYING
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al o al o far far Hec		RIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Year	21c. HOW	INJURY OCCURRED	(Enter noture	of injury in Port 1 o	or Port 2, I	tem 18.)	
SICI Spit spit errif ed cof	(If either,	notify medical exami	iner) P.M.	]	9						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and tompletely filled in by the full director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pages. Pages I should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after	While at work	ot work				ATION Street or R.F.I		City or Town		County	Stote
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END ned R: A uld the	sa	w the deceosed o uses stated abov	no e (I) (we) (did) (	did not) viow tho	body ofter de	that in (my) (our	) opinian d	leath occurred a	n the da	te and haur	and from the
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DEGREE PHYS. DIRECTOR	YSI nasp cert chec pt. c		RED 21e. PLACE OF INJURY			R.F.D. No.	ity or Town,	County Stote
DEGREE PHYS. DIRECTOR	this this De	While Not while	1 1 1	OFFICE BUILDING, ETC.		0-	1/20	00
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DEGREE PHYS. DIRECTOR	END led bed by the Shid by the Shie Shie	sow the de	ecensed alive on	1/20	$19/\alpha^2$ 7, and that in (my) (a	aur) apinion deatl	h accurred an the da	te and haur and fram the
DEGREE PHYS. DIRECTOR	TTO TTO Should the tith the ti		red oddive, (i) (wer, (did)	(digital) view the	budy/differ death.		22c	DAJE SIGNED/
22d. PHYSICIAN'S NAME (Type)  Dr. Frank  22e. ADDRESS  C. Rydlus Hy - Hungling  23o. Burial, CREMATION, REMOVAL Specify)  Feb. 3, 1969  Glen Haven Memorial Park Glen Burnie, Maryland  ADDRESS  22e. ADDRESS  22e. ADDRESS  22e. ADDRESS  22c. NAME OF CREMATORY  23d. LOCATION (City or Town) (County) (Stote)  ADDRESS  25o. ECC. BY REGISTRAN 969 25b. REGISTRA	DR Je re d w		/ My	Jul 9	DEGREE PHYS	DIRECTOR C	STAFF -	130/69
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1 11	1	0000		S, 301 W. PRESTON STREET, B		
4-		00201	DIVISION OF VITAL RECORD	CERTIFICATE OF DEAT		0200
4 _ 24		ECEASED-NAME First	† Middle	Last	2g. DATE OF DEATH	1969 2b. HOUR P
er death. Euneral Tand 2 er death.	(	Type or print) Alice	Rairdon	MITCHELL	Tanasa Manth Ja	y Year.
	3. 5		4. RACE	S. DATE OF BIRTH	January 13	1968 2:50 M
24 hours after death ed in by the funeral parts. Pages 1 and 272 hours after death		Female	White	June 20.	ast hirthday)	MONTHS DAYS HOURS MIN
A 50 00 00 00 00 00 00 00 00 00 00 00 00	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
2 4 h	Je	ntry) w Jersey	U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
		CITY OR TOWN OF DEATH	give street address)		USUAL OCCUPATION (Kind of work done g most af working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
d w d w			ised lived, if institution: Residence before		TITY LIMITS? 13e. STREET AND NUMBER	140148
on executed withing and campletely fremove carbon in any event, with		ission) STATE Maryland	Anne Arundel	Annapolis YES	NO X Rt-3, Wild Sh	nores
nd c remo	14.	FATHER'S NAME First	Middle Last		AE First Middle	/ lost
e be		TJOSEP,	4 RAIRDO	NA	URA	-6B77Y
IAN: The law requires that the death certificate be executed value attending physician. It is seen signed by the attending physician and camplete far use as the burial-transit permit. Then please remave cartificate haior ta burial, crematian, ar remaval, and in any event,	160	WAS DECEASED EVER IN U.S. AR es, ng, ar unknawn) (If yes give	MED FORCES? war or dates of service)  21432	17 NO. 17. INFORMANT. 8703 WILLEAM (	MITCHELL Address	#13
ng P The		1B. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endi nit.		PART I. DEATH WAS CAUSE IMMEDI	ED BY: NATE CAUSE (a) <u>MYOCA</u>	EDIAL INFARCE	TION	3 HOURS
afte an,	100	4109	DUE TO, OR AS A CONSEQUENCE	OF		
the the sit nati		Conditians, if any, which gove rise to immediate cause (o),	(b) GORONA	RY THROMBO	515	3 HOURS
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t: The law requires the ar attending physician. The has been signed by use as the burial-trainalth prior ta burial, cre		last.	(c)			
equ phy sign bur		-	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
w r ling een the r ta	NO	F-4-1-17	CTASIS, BR	ONCHOPNEUMO	NIA	
e la tenc tenc is b as as	R	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The set of	CERTIFICATION	Ol ACCIDENT MACHINES			IX.	
CIAN: Ital a ificate far far f Hea	MEDICAL C	21o. ACCIDENT WAS UNDERLY!!  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA  (If either, notify medical exami	TH HOUR A.M. Month Day Ye	or	Enter nature af injury in Part 1 or Port 2,	Item 1B.)
YSI losp cert cert ched	MED	21d INITIRY OCCURRED 21e		FACTORY.) 21f. LOCATION Street or R.F.D.	Na. City ar Town	Caunty State
OR ATTENDING PHYSICIAL be retained by the hospital SIRECTOR: After this certifice te 3 shauld be detached fai ed with the State Dept. af He	6	at wark at wark				
DING by the by the After the be de State		22a. I certify that(U) (th	nis haspital) attended the dece	ased from JUNE, 1	939, ta 13 MM, 19 apinian death accurred on the do	(we) last
R: DR: The the		causes stated abov	e,(1) (we) (did) (did nat) view th	ne bady after death.	apinian death accurred on the do	ate and haur and tram the
AT STOCK STATE OF STA		22b. SIGNATURE	000		22c.	DATE SIGNED
OR DE 1		6 augus	d & Deck	DEGREE PHYS.	MED. DIRECTOR PHYS.	-14-69
ral		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
SPI1		Edwar Edwar	d S. Beck, M.D.	73 Frank	lin St., Annapolis	Md.
Page 4 may be retained by the hospital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely madirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbox as shauld be state Dept. af Health prior to burial, cremation, ar remaval, and in any event, within the state Dept. af Health prior to burial, cremation, ar remaval, and in any event, within the state Dept.	23a.	BURIAL, CREMATION, 23b, REMOVAL (Specify)	DATE 23c. NAME (	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town),	(County) (State)
VR AIS	24.	FUNERAL DIRECTOR	ADDRI	SSS 25a. PES	D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
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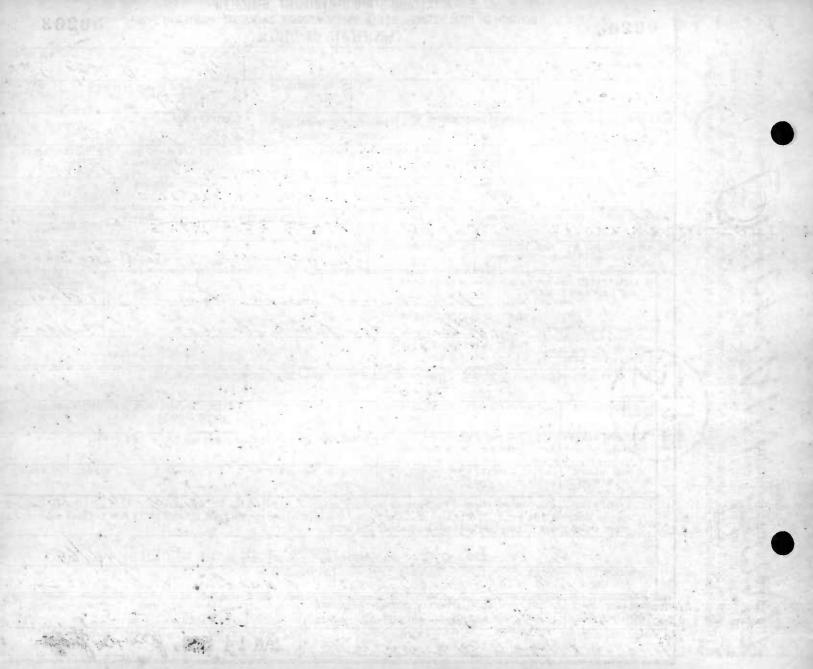
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HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWNED Month D	Doy Yeor 2b. HOUR
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delay is and 3 to 3. Page ment of	3. S	EX 4. RACE S. DATFLOG BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER WHAS 20-DATF PRONOLINGED DEAD	2d. HOUR
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2, 2 PP	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Pages vith far	/	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
O 0 > 2	1+	A. A. Co. give street oddress). Gen Hospital during mostrof working life, even if retired.) IN	NDUSTRY - O -
after de glong was along weelth the earth		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	0.1
	0	odmission) STATE Hd 136/COUNTY A.A.Co. Annapolis YES \( NO \( \) TRANKLIN & C.	S. bSON Rd.
Hem 1 Office Office offi	14. [	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	lost
		Eugene Mitchell Mary E.	WALLER
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMID FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  ADDRESS	
I within pencil Examine Examine File pag	,,,	No Mr. Eugene Mitchell	SAMO
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
executed anding" in Medical Et permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cleate Upper Reggeratory July Same	Ora.
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be l'pe hief hief ransit		rise to immediate couse (a), (b)	
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ate and and and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nis certificative, writing a farwarded so used as remaval, an	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e e	E S	WAS PERFORMED?	YES NO
fice fice and fice an		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
INER: 1 e certific should b files. 3 should cation, an	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
S 章 S to	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY DICAL EXAMINER: cessary, please execute the cert e funeral directar. Page 4 should may be retained for your files. EUNERAL DIRECTOR: Page 3 should priar to burial, cremation		WHILE AT WORK AT WORK	
ical Es executar. Pag ed for CTOR: P burial,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	and in my opinion
ICA tar. ed ed CTC		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please direct direct retaine DIRECT ar ta 1		CHIEF MEDICAL EXAMINER	
y, ple tral di se ret di prior		SIGNATURE Cohufacelt M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
DEPUT cessary e funer may be FUNER/		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2-67
			MCo.
5 a + 2 5 + 0	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (C	County) (State)
L		DURITI 1/2/169 DALTO MAT LI UM. DALTIMORE	rd
Va Asserta (V	124	FUNERAL DIRECTOR 250, RECID BY REGISTRAR'S SIG	GNATURE
VR A15ME (5) 10M REV. 1/68	14	DEFONE DYCH t. tl. 1/0/ LAURENS ST. DATE. 1009 Junione	o judge

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
١.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
	CERTIFICATE OF DEATH	00202
	Zu. Daie of Death	2b. HOUR
1	TANUARD FRANCIS MONAGHAN JANUARY Month 29 Day	19 Year 735 DM
3. S	EX , 4. RACE S. DATE OF BIRTH 6. AGE (In years	IE UNDER 1 YEAR   IF UNDER 24 HRS.
	June 1911 5 7 YRS.	MONTHS DAYS HOURS MIN
70.	MAKKIEU   MEYER MAKKIEU	
	MIND USH WIDOWED DIVORCED Home Arundel	Co Md.
	HRNOID give street address) RT2 Box 35-8 during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY.
13a. adm	HIGHAL DECIDENCE AND ASSESSED ASSESSEDA	Day 19 year 2b. HOUR 35 pm 15 pm 15 pm 16 pm 17 pm 16 pm 17
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
_	Momps Joseph Monnghan MARY Veronica	SCULLY
160	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  TO DEAT	
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASCITES + EDEMIT	4wx
	rise to immediate cause (a).	One year
	stating the underlying cause? DUE TO, OR AS A CONSEQUENCE OF	Years
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CATION		ONSIDERED IN CERTIFYING
RTIFI	AF2 NO	
	↑ OR CONTRIBUTING CAUSE OF DEATH	tem 18.)
ME	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County State
		69 that (1) (well last
	saw the deceased alive on	te ond hour ond from the
N	ATTENDING MED. STAFF - 2	7 1
	22d. PHYSICIAN'S 22e. ADDRESS	0
230	110. C4243 110 11000 pour 35100 p 1 1541141145	
	Betty (Specify) 2/3/6/ Belts National Baltimore, Ma	ryland `
A	Toleral Director Several Several Manual Page PEB 2 1000	SIGNATURE Unidas
	70. COU 110. 13a adm 14. 16a	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  Lost  Townsy  About the first  Crac  Townsy  About the first  Crac  Townsy  Thindy  Thindy

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00203 00204 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First Middle Lost 2b. HOUR deoth. 24 hours after deoth (Type or print) by the funeral THEL MOORE MAE 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR des EFMAL COLONED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED 🗍 DAZLINGTON J in. 6A AMUNDOL WIDOWED [ DIVORCED [ ANNE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR during/most of working life, even if retired.) buriol, cremotion, or removol, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Lost MARNU requires that the death certificate be LATHANIEL ottending physicion sermit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17\_INFORMANT Yes, no or yinknown) [If yes give war or dates of service] 3018 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p the Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 22a. I certify that (1) (this hospital) ottended the deceosed from . to Jan. 3 1909 saw the deceased alive an\_\_\_\_ , and that in (my) (our) opinion death occurred an the date and hour and from the Page 4 moy be retained couses stated above, (1) (we) (did not) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) asaduca, 23c. NAME OF CEMETERY OR CREMATORY 30. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR Hayes 638NGILMER 30M REV. 1/68



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OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 should be detached far used with the State Dept. af Healt	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION	Street ar R.F.D. No.	City or Town	County State
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ERA ERA d be		NAME (Type)	IRY T. OHER	ling	325/	tospital +	DRIVE.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the fudirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after the state Dept.	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY-OR CREMATOR	23 23	I. LOCATION (City or Town)	(County) (State)
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30M REV. 1788	80	hn A. Moran, I	nc. 3000 E. Balti	more St.	DATE JAN	र ८ ।उ०उ	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00206 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN First Doy Yeor (Type or Print) ESTI-48 Blanche Poge of DEATH MATED delay and 3 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3 April 11,1902 Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Country Lithuania Give Pages 1, ANNE BRUW de DIVORCED [ U.S. lond 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY Seamstress Office olong deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY in Item 18. Riviera Peach YES NO L 8561 Main Ave 24 hours after Middle First 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME Middle Kablis unknown hours within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** pencil (Yes, no, pr unknown) 217-26-6339 Harry Neibert same APPROXIMATE INTERVAL .5 be executed Within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" cardiae IMMEDIATE CAUSE (o) the Chief Med pel event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a) certificate should writing the word dny DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 forwarded removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessory, please execute the certificate. YES T pe should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING MEDICAL CAL EXAMINER: cremotion, CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote FUNERAL DIRECTOR: Poge foctory, office building, etc.) NOT WHILE AT WORK AT WORK buriol, 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry 🖂 and in my apinian Suicide Undetermined manner death resulted frame: Natural causes Accident Hamicide prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy to FONER Health **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-8-1969 Parkwood Cemetery Baltimore, Maryland Burial 25b. REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR George J. /Bonce, 4001 Ritchie Hgwy., Baltimore VR A15ME (5) 1000

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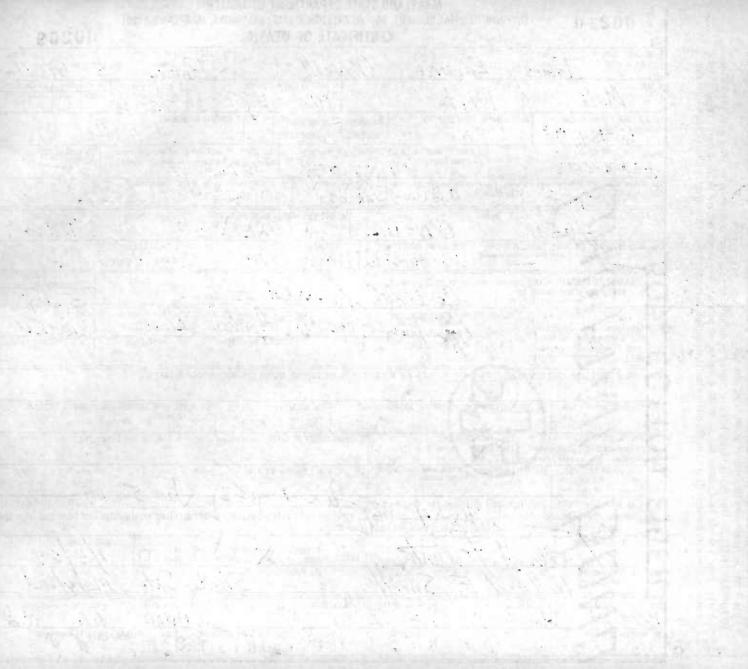
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PHYS he has this ce detache e Dept.	WE	21d. INJURY OCCURRED While Not while of work of work	AE, FARM, STRFFT, FACTORY.) 21f. LOCATION Street or R.F.D. N BUILDING, ETC.	a. City ar Town	County State
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OR AT DIRECTOR Short I should be retained by the short of		22b. SIGNATURE J.C. Cully	MID DEGREE PHYS.	MED. DIRECTOR STAFF 22c. DA	TE SIGNED 4Ary 5, 1969
O HOSPITAL Page 4 may O FUNERAL ( director, pag		22d. PHYSICIAN'S NAME (Type) J. C. Cullis		Fessional Buildin	Severna PARK
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	N o	or u			21a. ACCIDENT WAS			IME OF IN	JURY Nonth Doy Yea		OW INJURY OCC	CURRED (Enter n	nature of inju	ry in Part 1 or	Part 2, I	Item 18.)	
	C.	of the		MEDICAL	(If either, notify med	ical exomir	ner)	P.M.		19							
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00210 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon papers. Pages I and in any eart, within tradus after deating the control of the control (Type or print) PAJE BABY January BOY 2045 M 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR lost birthdoy) DAYS HOURS Male Malayan January 21, 1969 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland Philippines DIVORCED WIDOWED | Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Nagal Hospital Annapolis N.A. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY YES NO 2 Maryland Avenue attending physician one nermit. Then please remove nne Arundel Annapolis 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Sicon Paje Rizalina S. Patrocinio buriol, cremation, or removal, and in M. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 2 Maryland Avenue Patrocinio Paje None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH hr. 50 min IMMEDIATE CAUSE (o) Immaturity DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t signed by the buriol-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO F Poge 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) attended the deceased from. thot (I) and that in (my) (our) opinion death occurred on the date and hour and fram the sow the deceased olive on.... causes stated abave, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR X January 21, 1969 DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1969 Williamley Jud 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00215 00214 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOURP death. 24 haurs after death funeral 1 and (Type or print) PHELPS, Sr. George MMN January 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) DAYS HOURS Feb. 22, 1899 Negro Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED KNEVER MARRIED 9. COUNTY OF DEATH (ountry) Maryland U.S. WIDOWED [ DIVORCED Anne Arundel 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR Gen. Hospital during most of working life, even if retired.) Anne Arundel INDUSTRY Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER arry eyen Anne Arundel YEXX 1 maye Annapolis 110 South St. 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First and Last Middle Lost burial, crematian, ar remaval, and in MMN Phelps Anna Booze physician ien please lease Charles 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates af service) 214-14-6617 Louise H. Phelps 110 South St. Ann 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 should be detached far use as the ishauld be filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗆 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while 220. I certify that (I) (this hospital) attended the deceased from 170, ond that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF ever DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Church. GENAMA 121 Cathedral St., Annapolis, Md. 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1-27-69 Annapolis Md Pine Lawn A.A. 24. FUNERAL DIRECTOR 250. BEADAY 2 GISTRAN 96925b. RPGISTRANS SUMAJUL C.E. Hicks, 111 Annapolis, Md DATE

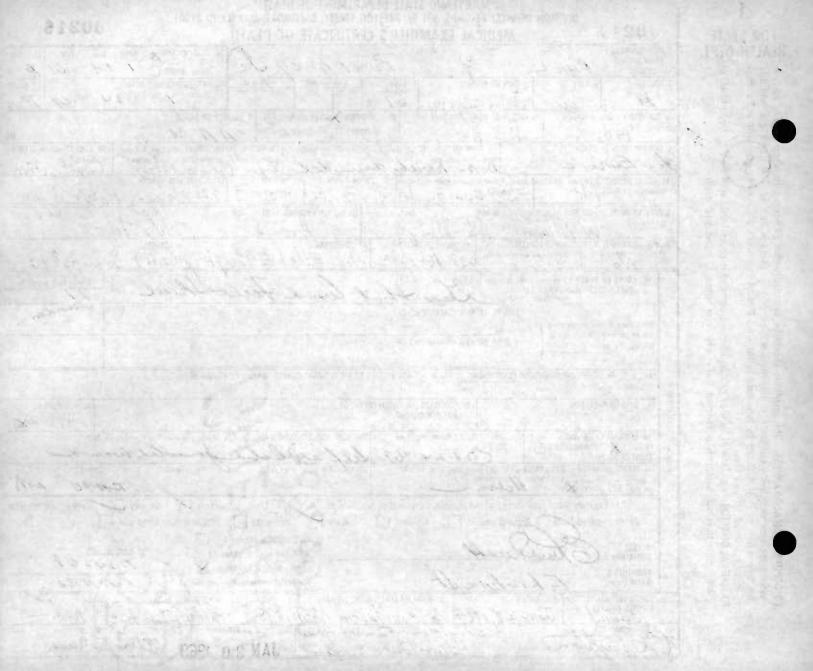
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00215 00216 CERTIFICATE OF DEATH ir by the funeral rs. Pages 1 and 2 hours after death. 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH after death (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH IF HINDER 1 YEAR 6. AGE (In years last\_birthday) MONTHS HOURS YRS 76. CITIZEN OF WHAT COUNTRY 7o. BIRTHPLACE (Stote or foreign a 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 2 DIVORCED IO. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of warking life, even if retired.) KNO//WOOD **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and carthlered directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave cart should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, ng, gr upkrayang | (II yes give war or dates of angue) INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, na, ar upknawati APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 22a. I certify that (I) (this hospital) ottended the deceased from 25 19 6 sow the deceased alive an. , and that in (my) (our) opinian death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22e\_ADDRESS 22d. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION 23c. NAME OF CEMEJERY OR CREMATORY 23d LOCATION (City or Town 23b. DATE (County) (State) 24. FUNERAL DIRECTOR 2 ADDRESS VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00216 00217 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN OF ESTI-Year 2b. HOUR (Type or Print) FAR L delay is and 3 to Page of o DEATH MATED [ 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 HOURS Day Departm 24 clune 23 190 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of workingslife, even if refried.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death land 2 wit odmission) STATE # 13b. COUNTY ward "pending" in pencil in Item 18. the Chief Medical Examiner's Office al YES NO should be executed within 24 hours after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, no. or.unknown) within 18. CAUSE OF DEATH (Enter only one cause per line forda) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, nsed CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [ should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town State County foctory, office building, etc.) NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural couses , Undetermined manner Accident Suicide | Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-24-69 DEPUTY MEDICAL EXAMINER 5 n. TO FUN. Health **EXAMINER'S** ADDRESS(Street, city, town, ar county) MARCO NAME (Type) 23o. BURIAL CREMATION 23d. LOCATION (City of Town) Home 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Oliverta, Judge 10M REV.



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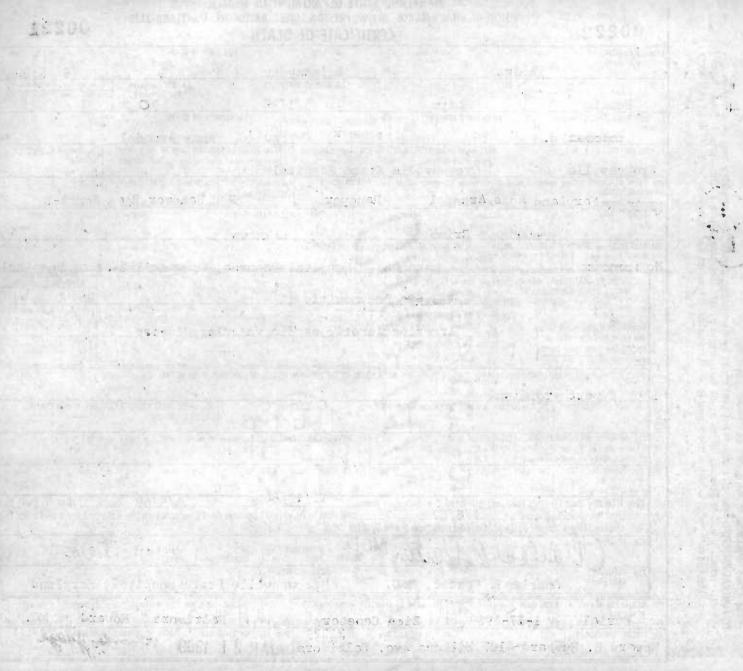
- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
18		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00218
1		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
T.		Or reti	Doy Yeor 2b. HOUR
		RICHARD USCAR QUILL DEATH MATED 1	169 · M
	3. SI	Adoption Algorithm Algorit	Year 169 2d. HOUR
	_	are milite	19 M
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		That Dakota USA   WIDOWED   DIVORCED   Anne Arundel	Mo
3		117 OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) IN	2b. KIND OF BUSINESS OR NDUSTRY
	An	napolis AA General Hospital	
02		USUAT RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY A CO ROUND Bay 15b. COUNTY A CO ROUND BAY	iver Rd
-	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
	14. 7		Rossing
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		es, no, or unknown) 1943-1945 577 14 7202 Doris Quill Round Bay, Md.	
	-		APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c).) PART I. DEATH WAS CAUSED BY.  I. MANDIATE (AUSE (g) 22 Cause 1 Cause	BETWEEN ONSET AND DEATH
*		4299 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Russey
		Canditians, if any, which gave	
		rise to immediate couse (a), (b)	
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	z		
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
X	RTIFIC		YES NO
	AL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  21b. TIME OF INJURY Month, Doy, Year POINT 1 or Port 2, Item	1 18.)
	MEDICAL	CAUSE OF DEATH P.M. 19	
	W	21d. INJURY OCCURRED WHILE NOT WHILE Of INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
	-	AT WORK L AT WORK L	
		220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	ond in my opinion
	100	death resulted from: Matural causes 🔲 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌	
		ACTUAL  ACTUAL	him /
		SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER	4/69
2	3	EXAMINER'S NAME (Type)  EXAMINER  ADDRESS(Street, city, tawn, or county)	7 08
	230		County) (State)
		REMOVAL (Specify)	A A CI -
		FUNERAL DIRECTOR ADDRESS 125g REC'D BY REGISTRAR 25b, REGISTRAR 5 SHO	SNATORE
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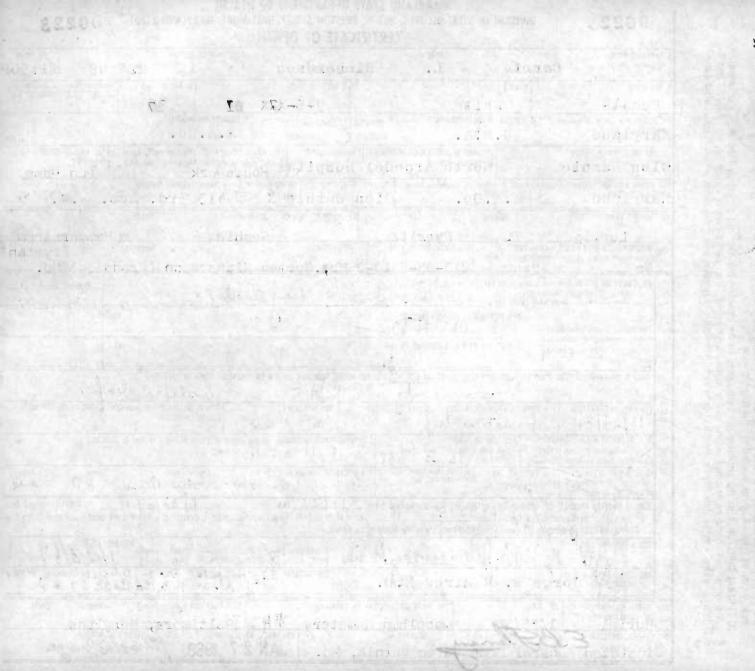
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0022 00220 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2b. HOUR P 2a. DATE OF DEATH eath. requires that the death certificate be executed within 24 hours after death ero pu (Type or print) Manth Joseph REID me illiw Jan. 3 SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS White Jan.31.1899 Male 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland = USA WIDOWED [ DIVORCED [ Anne Arundel County campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital and in any event, within 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY Railroad Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES Md Mayo 603 Cliff AACO Drive 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle last Thomas Reid Tacey Sarah 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, eos runknawn) (If yes give wemor dates of ervice) 216 44 7675 Wm. R. Mayo, Md. Reid emovol, APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line\_far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY myorandial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED DEGREE **ATTENDING** DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John L. Hedeman, M.D. 1407 Forest Dr., Annapolis, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) Jan 10.1969 Mt. Olivet Wash, DC 25b RECISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR DAAN 13 VR A15 (4) 45M - 1/69 1969 Hardesty Funeral Home Annapolis. Md.

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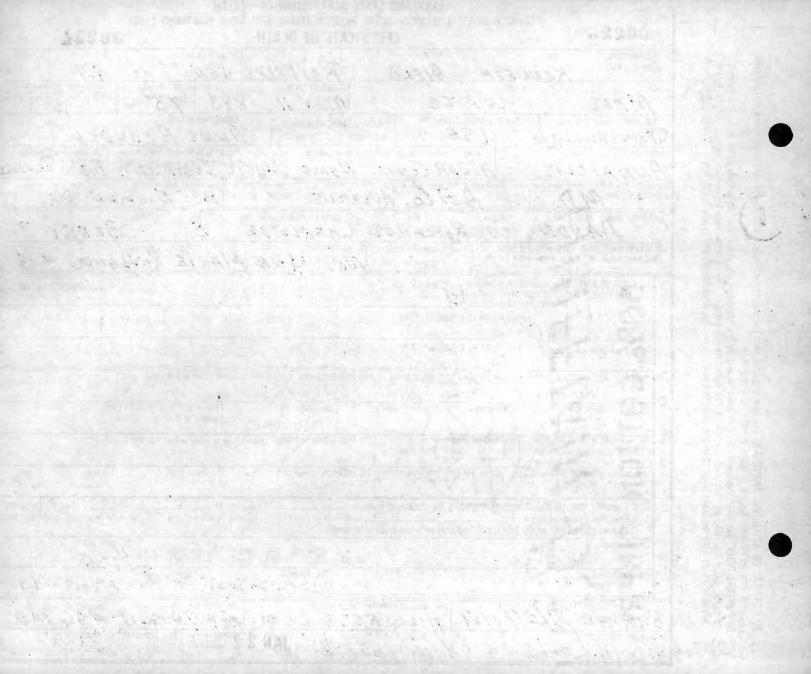


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	MARYLAND STATE DEPARTMENT OF HEALTH
	00224 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00223  CERTIFICATE OF DEATH
. 5	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death.	(Type or print) Carrie L. Richardson 1 Month 2200y 69 Year 11:50
5	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Female White 9-8-82X 81 lost bridge MONTHS DAYS HOURS MIN
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Maryland U.S.A. WIDOWED DIVORCED A.A.Co.
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done direction)  120. USUAL OCCUPATION (Kind of work done done direction)  120. USUAL OCCUPATION (Kind of work done done done done done done done done
54	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
2	Mary fand A. OMY Co. Glen Burni & □ 413 3rd. Ave. S.W.
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	Ludwig T. Pyeritz Sophia Hammerstrom
	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wgr or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Elvator
	No None 213-05-8313-0 Mrs. Norman Richardson (grandson) Md.
M	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a)) Why we are also will are line for (b).
	IMMEDIATE CAUSE (a)
87	Conditions, if ony, which gove
700	rise to immediate couse (o),
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  12 24 68 Facture 11 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO 2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	While Not with a strice OFFICE BUILDING, ETC. 413-3rd on SW Slen Burin AA MA
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	dayses state above, (1) (we) (did) (did nat) view the bady after death.
	226. DATE /SIGNED /
	13. Carrier Moeglee PHYS. MED. DIRECTOR DIRECTOR PHYS. DIRECTOR DI
	22d. PHSCAND Jorge B. Ramirez MD. 22e. ADDRESS 325 Hospital Dr. in Glen Burner 2/06 3927 Annopole Rd Balls 27 md
	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
3	230. BURIAL (CREMATION), 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify)  BUT131  24. FUNERAL DIRECTOR ADDRESS  250. RECTO BY. REGISTRAR 25b. REGISTRAR'S SIGNATURE
68	
১৪	Singleton Funeral Home Fren Burnie, Md.   Md.   27 1969   Charles Julye



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1 hours	10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		00225 CERTIFICATE OF DEATH	224
F 2 F		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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n 24 n 124 nilled	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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phy en ava	-	MA PHARIE NOYLES	APPROXIMATE INTERVAL
ne death cer attending p permit. The ian, ar rema		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A SCUID	BETWEEN ONSET AND DEATH
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JING PH by the h fiter this be detact State De		of work of work	
by 1 ffer be o		220. I certify that (I) (this hospital) attended the deceased from	, that (I) (we) lo
R: A	П	22o. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (our) opinion death occurred on the date couses stated above, (I) (we) (did) (did not) view the body after death.	ond hour ond from th
Shoot a stair		22b SIGNATURE 22c DAT	E SIGNED
OR ATTENE be retained DIRECTOR: A le 3 should ed with the		A. Reci DEGREE PHYS. DIRECTOR	1/69
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OSP INEF	00	3g_BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (	County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	230	BENGAISMIN 1/21/1969 HILLCREST CEM. ANNAPOLIS	AAG MD
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1	MAKILAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	
1	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HO	NIID.
- 1	Month Day Year	
-	WILLIAM H NAN 1 25 69 3:00	
3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF under 14 FAR IF under 24 lost birthday) Months Days Hours	NRS.
	m White JAN. 15, 1885 lost birthdry) YRS. MONTHS DAYS HOURS	MIN
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO THE MARRIED 9. COUNTY OF DEATH	
	mary / And V.S. WIDOWED DIVORCED A.A. CO.	
10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF	Md.
	give street address) Interest and the graph of the graph	-
13	A ISLIA DISSIENCE (Where demand lived it institution and the live of Town	<del>N</del>
od	mission) SIAIE . 13h COUNTY Shouldern PRACLEYES NOT 116-	
14	THE PAGE WATER - THE PAGE WATER	_
117		
-	AYAN CASPER KVAN Mary Dooley	
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  17 INFORMANT  17 INFORMANT	
	CLARA MILAYAR = 13	
	18. CAUSE OF DEATH (Enter only one couse pec line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral another more and DEAT	-
	1991 DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove	1
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CFRTIFICATION	YES NO CAUSES OF DEATH?  21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)	
	1210. HALL OF HOUSE 1 LINE OF HOUSE 1 LINE H	
MEDICAL	(If either, notify medical examiner) P.M. 19	
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	While Not while of work of work	
	122g   certify that (1) (this haspital) attended the decased from 19 to 19 that (1) (wa)	last
	saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fram causes stated abave, (I) (we) (did) (did nat) view the bady after death.	the
	22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF 22c. DATE SIGNED	2
	DECERTOR DIRECTOR DIR	/
	22d. PHYSICIAN'S NAME (Type)	
23	O BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
L	50 Karyor 1/28/1969 HILLCREST CEM ANNAPOLIS MD	
24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH	00000
7 \$	1	0 0 2 2 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00226
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth D	loy Yeor 2b. HOUR
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d 3 to d 3 to . Page	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I if UNDER 1 YEAR I IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
del A3.		lost birthday) MONTHS DAYS HOURS MIN. Month , Doy	Year 1969 A M
any delay is , 2, and 3 to PM3. Poge	7a	BIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	1907 M
- E G	cour	itrol d	d'
Give Pages 1, and your pages 1, and you with form the Stote De 14.	10 (		Md.
Po St. High Bod	10. (	give street address) during post of working life even if retired \ \text{IN}	b. KIND OF BUSINESS OR DUSTRY
r d g v	91	en Durite Doff-North REUNDEL (CET. Taverdo)	prater
s ofter 18. Giveng 2 with 1 death.		USUAL RESIDENCE (Where deceosed lived, if instituting: Residence before 13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  13b. COUNTY  17c. CITY OR TOWN  17c. CITY O	0
Z v de de		amission) STATE Md. 13b. COUNTY AJT-Co. GIENBURNESES INO TO WITE 2	130X /10
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4 4 2 2 2 2		Cologero Scardina Josephine	C+10
thin 24 miner's miner's hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS P.	tr 2
Z h	(1	(es, na opunknown) (If yes give war as dates at syll Mr. George Searding Be	x 180 6B
EX EX		18. CAUSE OF DEATH (Enter anly one couse per line for (g), (b), and (c).)	APPROXIMATE INTERVAL
ould be executed vord "pending" in the Chief Medical E ol-transit permit. Fony event within			BETWEEN ONSET AND DEATH
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wor wor iol-		stoting the underlying couse DUE 10, OK AS A CONSEQUENCE OF	
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pepititish Item 18. Give Pag should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a buriol-transit permit. File pages Tand 2 with the Sto ation, ar removal, and in any event within 72 hours after death.		(c)	
tate of the ed to and and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
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nis certific te, writin forword oe used a removol,	SATE	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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ER: cert cert coul es. hou	MEDICAL	CAUSE OF DEATH P.M. 19	
AIN he sh sh mat mat	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. Na. City ar Tawn	Caunty State
KAMINER: The certificate the certificate of the cer		WHILE NOT WHILE factory, office building, etc.)	
bical Examiner: se execute the certicetor. Page 4 should ned for your files. ECTOR: Page 3 shou a buriol, cremation.		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🗍, Inspection 🔼 Inquiry 🔼	and in my apinian
DICAL E ase exect rector. Po ained for IRECTOR: ta buriol,		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please direct retaine DIREC			
ple di di		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	ANED
EPUTY DICA ssary, please extensed director. by be retained on the prior to but the prior to		M.U.	. /
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necessary, pleathe funeral direction of the fu	220		
1 112	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City or Town)	ounty) (Stote)
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	ie moj.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00227 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) ESTI-PM3. Poge Karl C. Schoene DEATH MATED 6. AGE (in years 3. SEX 4. RACE IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD male white March 17.1954 IL YRS January 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Anne Arundel Office olong with form Baltimore County WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Ballman Ct., during most of warking life, even if retired.) INDUSTRY Brooklyn Park 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 3b COUNTY Arundel 901 108 E 11th Brooklyn Pk YES NO X Item 1 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Karl Schoene Alice hours Shewbridge 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Mr. Karl O. Schoene B----- same APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) certificate should be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) shotgun wound of neck DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES 🚾 NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME QF INJURY Month, Day, Yeor 3 should PRIMARY OR CONTRIBUTING gun discharged in contact with neck 1,17 1969 CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) 9 Ballman Ct. WHILE AT WORK AT WORK Baltimore Co., Md. 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry [ and in my opinion deoth resulted from: Notural couses ... Accident ... Suicide ... Homicide Undetermined monner x CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER Werner U. Spitz, M.D. **EXAMINER'S** NAME (Type) Jan 18, 1969 ADDRESS(Street, city, tawn, ar county) 5 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 1-21-1969 Baltimore National Cem.
ADDRESS 250. REC'D B Baltimore, Maryland Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milereles & George J. Gonce, 4001 Ritchie Hgwy., Baltimore DATUAN 23 VR A15ME (5)

MAKTLAND STATE DEPAKIMENT OF HEALTH

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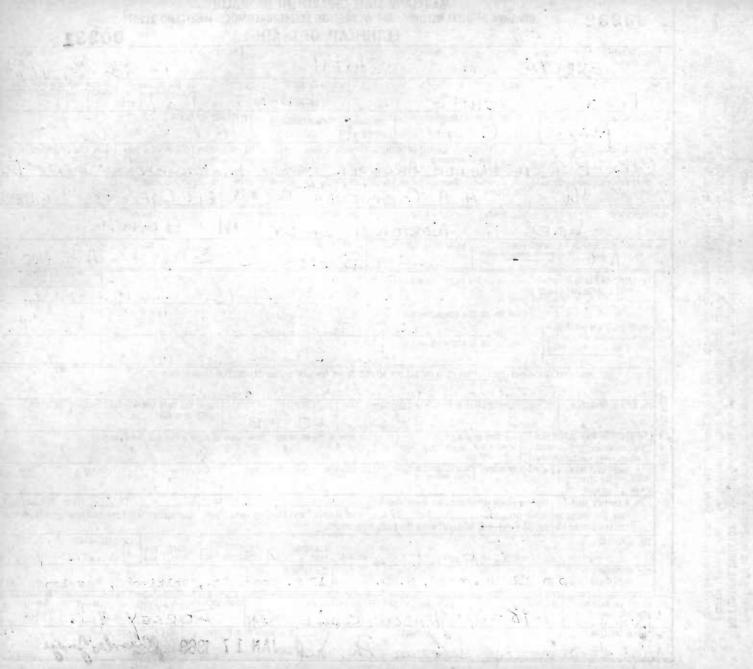
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. /	/	Iteml FilmGL09	2/5/69	kk	CERTIFICA	ATE	OF DEATH		00000	1
and 2	1	. PLACE OF DEATH					2. USUAL RESIDENCE (Where dece		: Residence befare	
o o		o. COUNTY Anne Ar	undel		MARYLAN	D	o. STATE Maryland	b. COUNTY	Anne	Arundel
		b. CITY OR TOWN (If autside co write RURAL and give neare Brooklyn	rparate limits,		c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If autside corpo			lawn)
		Brooklyn	si idwii)				Brooklyn , I	Baltimore,		225
11		d. NAME OF HOSPITAL OR INSTIT		hospital, giv	ve street address)		d. STREET ADDRESS		е	IS RESIDENCE ON A FARM?
10	ال	4209 3rd Stre					4209 3rd St			res No 🔼
d		NAME OF DECEASED (Type or print)	First Margare	et	Middle Florence		Sieg 4. DATI		29. Doy	Year 19 69
1		SEX 6. COLOR		MARRIED [	NEVER MARRIED	7 8	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female Whi	te	WIDOWED [	DIVORCED 2		Dec. 20, 1913	55 birthday) 7	Manths Days	Haurs Min.
	1	Oa. USUAL OCCUPATION (Give kind of buring most at working life, even if r	of wark dane	10b, KINI	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County & State, or		12. CITIZEN OF	
	L	None		N. N.	lone		Baltimore, Man	yland	COUNTRY ?	S. A.
	I	3. FATHER'S NAME	C TO				14. MOTHER'S MAIDEN NAME Olia Linton			
	-		ge C. E		Gian esculpara no T	17 4		Address		
		S. WAS DECEASED EVER IN U.S. ARA (Yes, na, ar unknawn) (If yes give v	var ar dates af se	10. 30	OCIAL SECURITY NO.	Mr	NFORMANT s. Audrey E. So		Hopkins	21225 St.
crematian,	F	1B. CAUSE OF DEATH (Enter							INTE	RVAL BETWEEN SET AND DEATH
		PART 1. DEATH WAS CAU	DIATE CAUSE (o).	Rheur	matic heart	di	sease and carci	noma of lur	ig with	ET AND DEATH
		Carditions if any subjets and	DUE TO				metastases			
		Conditions, if ony, which gove rise to immediate cause (a)	(0)							
		stoting the underlying couse	(c)							
	-	PART II OTHER SIGNIFICANT C		RIBUTING TO	DEATH BUT NOT RELATED	D TO T	THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
X		5								S NO
	1	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING □ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA  20c. TIME OF INJURY Month, Hour 'a.m.	DEATH	20b. DESC	CRIBE HOW INJURY OCCUP	RRED. (	(Enter nature af injury in Part 1 ar f	art II af item 18.)		
	1	20c. TIME OF INJURY Month,					CE OF INJURY (Hame, farm, 20f	(City ar tawn)	(County)	(State)
	1	p.m.	19	While of wark	Nat While at wark	Idele				
		21. I certify that (I		al) attende	ed the deceosed fro	m	, 19	to	, 19, th	ot (I) (we) las
		saw the deceased a	live an	11	, and	that	death accurred at	M, fram couses ar	22b. DATE SIGN	
		220. SIGNATURE	ans	7/	hh	M.D	111121	STAFF PHYS.	ZZD. DAIL SION	
1		22c. PHYSICIAN'S NAME (Type)	derand T	2 T.J. 1	son, M.D.		700 Fleet S	<b>t</b> -		
1	=				23c. NAME OF CEMETER	V OD 1		LOCATION (City or Town	) Kousti	) (State)
		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	3b. DATE THEREGO 2/1/69		Mt. Olive			altimore, N		(Side)
0	1	24 FUNERAL DIRECTOR	2/1/09		ADDRESS	0	250 REG'D BY REGI	STRAR 2Sb., REGI	STRAR'S SIGNATUR	E E
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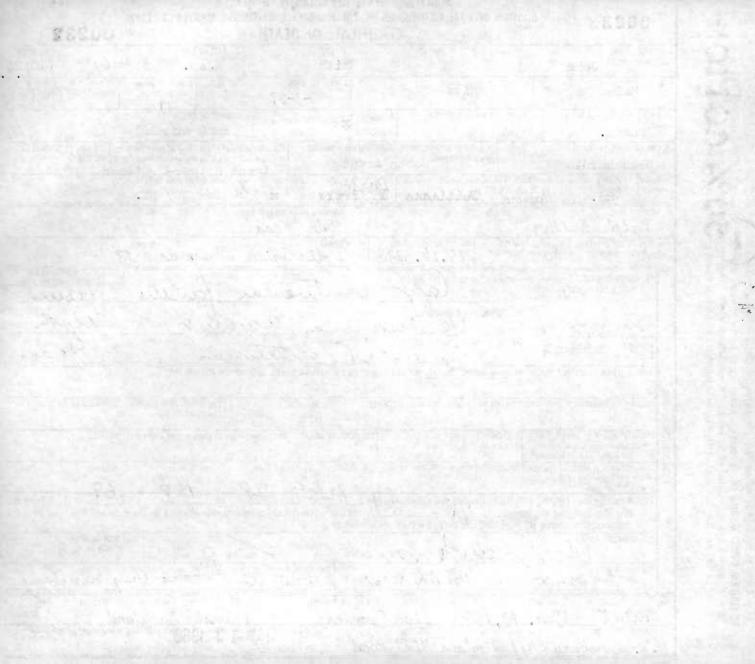
. 1	1	0000		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI		
		00231		ERTIFICATE OF DEATH		00230
within 24 hours after death.  rely filled in by the Tuneral  rban papers. Piges Land 2  within 72 hour after death.			4. RACE	SMITH S. DATE OF BIRTH	2a. DATE OF DEATH  Month  Danuary  6. AGE (In years lost birthday)	Year 2b. Hour 1969 4: Norm 1969 1 Funder 1 Year 1 Funder 24 Hrs.
P S S S S S S S S S S S S S S S S S S S	_	Female	Caucasian	9 March 18	YRS.	MONTHS CLAYS HOURS MIN
24 hours din by pers. Prour	Sc	olomon Island, Md	. U.S.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
within ely fille ban po		Annapolis	11. NAME OF HOSPITAL OR INS give street address) Nava 1 Ho	spital	BUAL OCCUPATION (Kind of work dane most of working life, even if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
d campet	13a. adm	USUAL RESIDENCE (Where deceased issian) STATE Maryland	lived, if institution: Residence befare 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY	Y LIMITS? 13e. STREET AND NUMBER NO 134 Market	
6 E E	14.	FATHER'S NAME First GUS	Middle Last E va	15. MOTHER'S MAIDEN NAME	First Middle olley	2 Last
tificate hysiciar n pleas val, and	160	was deceased ever in u.s. Armer es, ng, ar pomawn) (If yes give war	D FORCES? or dates of service)  16b. SOCIAL SECURITY N 220-16-		S. SHITH	# 13
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 may be retained by the hospital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and it		PART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)		R CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
The law attendir has bee se as the prior the p	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY? YES NO [	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN: pital or rtificate id far u af Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  or contributing cause of geath (If either, natify medical examine)	HOUR A.M. Manth Day Year P.M. 19		ter nature af injury in Part 1 ar Part 2,	Item 18.)
s PHYS the hos this ce detache e Dept.	W	21d. INJURY OCCURRED 21e. Pl While Nat while at work of work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. N	Na. City ar Tawn	Caunty State
TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be cashould be filed with the State		saw the deceased aliv causes stated gbave,	hospital) ottended the deceose ve anl' (l) (we) (did) (did nat) view the b	d from, 19. 9, and that in (my) (aur) o pady after death.	pinian death occurred an the de	ate and hour and from the
L OR A / be reth DIRECT DIRECT Siled with	b	22b. SIGNATURE  22d. PHYSICIAN'S	formes	DEGREE ATTENDING PHYS.		DATE SIGNED -23-69
O HOSPITAL Page 4 may O FUNERAL I directar, poc	25	NAME (Type) M.F.	FORNES, LCDR MC U	104	HWWAPOLIS, 1	MD.
TO HC Page TO FU direc shat	A	BURIAL, CREMATION, 23b. DA	8-69 Herin	STOW WATE.	23d. OCATION (City or Tayth)	(Caunty) (State)
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-1	MARYLAND STATE DEPARTMENT OF HEALTH
-8	00232 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
# = <del>1</del> #	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
death. uneral 1 and 2 r death.	(Type or print) EVELYN M. SMITH Manth Day Year 1/50M
9 9	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IF UNDER YEAR   IF UNDER HRS   IN IT UNDER HRS   IF UNDER HRS   IF UNDER HRS   IF UNDER HIN   IF UNDER HI
T1 7 1 2	FEMALE   WH/16   4-11-0   6   YRS.
hours supplied	70. BIRTHPLACE (State or Noreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Md. WIDOWED DIVORCED ATT CO Md.
ily filled i oan paper within 72	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast af warking life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY
\> M 0 70	DURNUL INNET THRONDER MONEY ONNTO GORADHER DEPT. SIGN
completel w	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR DWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ind com	A CO SECENTA I DI A 613 CYPTES LAME
and rem	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
e be	STATES IT TOOKEOUT DATES
requires that the death certificate be exectly physician.  signed by the attending physician and considered by the attending physician and considered by the attending physician and in any earlier, crematian, ar remaval, and in any earlier.	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. SMITH - ABOUTE
ph) ph) nen navo	
he death ce attending p permit. The	BETWEEN ONSET AND DEATH  PART I, DEATH WAS CAUSED RY:
dea rmit r, ar	MMEDIATE CAUSE (a) Landia as companion of tumpnay accentage of the
the at	Canditians, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave)
that than the by the transit cremat	rise to immediate cause (a). (b)
d b l-tro	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF Rheum str. Level harbable
equires that the death certificate be excycled physician. signed by the attending physician and complet burial-transit permit. Then please remave car burial, crematian, ar remaval, and in any event.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
by the haspital or attending physician. Ifter this certificate has been signed by be detacted for use as the burial-transtate Dept. af Health priar ta burial, cre	metastres to proceed and Till
attending has been se as the h priar ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
se cs	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF MULRY 0 121c. HOW INJURY OCCURRED (Foter nature of injury in Part 2 are part 2 them 18)
ate ur u	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF NURY () 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
<b>電影</b>	[ [ (If either, natify medical examiner)   P.M. 19
s ce ache ept.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
After this certificate has been be detached far use as the State Dept. af Health priar to	ar work ar work
Affe be Sta	22a. I certify that (I) (this hospital) attended the deceased fram Nec. 3 , 1965, ta Nec. 4 , 1948, that (I) (we) last saw the deceased alive an Nec. 4 , 1948, and that in (my) (our) apinian death accurred an the date and haur and fram the
the	causes stated abave, (1) (we) (did) (did not) view the bady after death.
D & #	22b. SIGNATURE 22c. DATE SIGNED
be retained  DIRECTOR: A  ge 3 shauld ed with the	John Waln Howard M. DEGREE PHYS. DIRECTOR PHYS. 15 69
Page 4 may O FUNERAL I director, pages should be fill	22d. PHYSICIAN'S / NAME (Type) John Tilden Howard, M. D. 22e. ADDRESS 12 E. Eager St., Baltimore, Maryland
NER NER Har,	
or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	230. BURIAL, (REMATION, 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
E M	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
M REV 1/68	Affect S. Barrouses Severus Ph In Daris AN 17 1969 peliantes Judge
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_ 1		00233	DIVISION OF VITAL RECORDS,			
5			Marie Control	ERTIFICATE OF DEATH		06232
er deoth.  Toveral and 2 er death.		CEASED-NAME First  Appe or print John	Middle C	last Sm <b>i</b> th	2a. DATE OF DEATH  Jan. Manth 8 Day	2b. HOUR 10:24
hours after death n by the Poneral rs. Pages it and 's hours after death	3. SE	X Male	4. RACE White	s. date of birth 10-3-97	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by Pers. 72 hours	7o. E	SIRTHPLACE (Stote or foreign itry) Penna.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md
executed within 24 and completely filled in proper any event, within 72	10. 0	Glen Burnie	11. NAME OF HOSPITAL OR INS	h Amundel during r	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
executed or complete compose corrupts on sevent,	13a. admi	USUAL RESIDENCE (Where decease ssian) STATE Md. H	sed lived, if institution: Residence before 18b. COUNTY 18b. COUNT	130 CUTY OR TOWN 13d. INSIDE CITY YES TO THE TOWN YES TOWN YES TOWN YES TO THE TOWN YES TOWN YE	Box 409 Rt.	
n di di		Ralph Smith		1s. MOTHER'S MAIDEN NAME Ida Ness		Last
on situation and and and and	16a. Y	was DECEASED EVER IN U.S. ARA es/100 or unknawn) (If yes/100)	MED FORCES? vor or dates of service) 16b. SOCIAL SECURITY N 215.14.53	17. INFORMANT Lydia Smit	h Same as # 13	
requires that the deoth certifical physician. I signed by the ottending physic buriol-transit permit. Then a burial, cremation, ar removol, or		PART I. DEATH WAS CAUSEI	ATE CAUSE (a)	- contraile	n failen	APPROXIMATE INTERVAL BITWIFN ONSET AND DEATH
iat the i / the ot insit per		Canditians, if any, which gave rise ta immediate cause (a),	(b) CUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	obascular a	Reideux	Menth
uires thy nysician gned by griol-fra irial, cre		stating the underlying cause last.	(c) CONTRIBUTING TO DEATH BUT NO	aly atte	eccles	years
the law requires the attending physician has been signed by se os the buriol-tra h prior to burial, cre	NOI		CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS (	ONCIDEDED IN CEDTIEVING
: The law rr attendin e has beer use as th	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN		YES NO	CAUSES OF DEATH?	
SICIAN spital o ertificot ed for of Hec	MEDICAL C	or contributing cause of DEAT	HOUR A.M. Manth Day Year ner) P.M. 19		ter nature af injury in Part 1 ar Part 2,	
G PHYSICIAN the hospital this certifica detached for	N	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	1 1/19	la. City or Tawn	Caunty State
TENDING PHYSICIAN: ined by the hospital or DR. After this certificate ould be detached for ithe State Dept. of Hea		sow the deceased a	is hospitol) ottended the deceose live on1 e, (I) (we) (did) (did not) view the I	9, and that in (my) (our) or	pinion deoth occurred on the de	that (I) (we) last ote and hour and from the
OR ATTENION DE retained DIRECTOR: A should ed with the		22b. SIGNATURE	maule y	ATTENDING	MED. STAFF 22c.	DATE SIGNED
SPITAL 4 moy ERAL r or, pog d be fil		22d. PHYSICIAN'S NAME (Type) MAY	O C FRANK	22e. ADDRESS Frs-5		y Clay buy
To Hose To Fundirect shoul		BURIAL, CREMATION, 23b. BEMOVAL (Specify) Ja	DATE  13,1969  23c. NAME OF 0  Zion  ADDRESS	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  Dorsey, Mary Lar	(Caunty) (State)
VR A15 (4) 30M REV. 1468	24. J	FUNERAL DIRECTOR .T. Stansbury	6411 Windson Mil		BY REGISTAR 198 Gb. REGISTRAR	ENGLATE COMPANY



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MARYLAND STATE DEPARTMENT OF HEALTH

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1	00000		STATE DEPARTMENT OF		
	00236	DIVISION OF VITAL RECORDS, 3	ERTIFICATE OF DEATH	IIMORE, MARYLAND 21201	00235
1.	DECEASED-NAME First		Last	2a. DATE OF DEATH	
	(Type ar print) Ruth	Frances	SPRIGGS	Manth Da	2b. HOURP.
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Г	remale	White	April 4, 1		MONTHS DAYS HOURS MIN
70.	RIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ca	Mary land	U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI give street address)	TUTION (If nat in haspital 12a. USU	AL OCCUPATION (Kind of work dane	
	Annapolis	Anne Arundel	Gen. Hospital living m	ask of working life, even if refired.)	INDUSTRY  OWN business
13d	n USUAL RESIDENCE (Where decease missian) STATE Marvland	sed lived, if institution: Residence befare 13b. COUNTY Anne Arundel	JC. CITT OK TOTTI	LIMITS? 13e. STREET AND NUMBER	
14			STATE OF THE PARTY	A	
14.		Middle Last	1S. MOTHER'S MAIDEN NAME		Last
16	g. WAS DECEASED EVER IN U.S. ARM	Spriggs MED FORCES? 116b. SOCIAL SECURITY NO	Ammand a		Weeden
	Yes, na, ar unknawn) (If yes give v	214-05-143		- 614 Ridgley A	mnapelis,Md.
H	18 CAUSE OF DEATH /Enter on	ly ane cause per line far (a), (b), and (c).)	T OWNER W. DELLOW	- ord tringrey w	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	DBY: O - 2-	11/10cc. 100	112-2	GETWEEN ONSET AND DEATH
	4369 mmeul	DUE TO, OR AS A CONSEQUENCE OF	AUTTA CAME	ECIDEN)	- Durys
1	Canditians, if any, which gave)				
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	last.	(c)			
П	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
i s	CFRFBP	21 VASCULAR	ACCIDENT (1	950)	
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERF		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ERTIF	O1- ACCIDENT WAS UNDERLINE	20 100	YES NYXX	A.	
		H HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Ente	er nature af injury in Part 1 ar Part 2,	Item 18.)
MEDICAL	(If either, natify medical examination 21d, INJURY OCCURRED 21e.	ner) P.M. 19	NA CATION C BED N		
	While Nat while at wark at wark		21. LOCATION Street ar R.F.D. No.	z. City ar Tawn	Caunty State
	220. I certify that (1) (th	is hospital) attended the deceased	from / UNE, 19	3 10/9/nd, 19	(we) last
	couses stated above	live on 19 14 19 19 (We) (did) (did nat) view the bo	ond that in (my) (our) op	inion death accurred on the d	ate and haur and from the
	22b. SIGNATURE	1011		22c.	DATE SIGNED
	Odula	3 d X Peals	DEGREE PHYS.	MED. DIRECTOR PHYS.	1/20/0
	22d. PHYSICIAN'S		22e. ADDRESS	/	187.
	MAME (Type) Edward	S. Beck, M.D.		inSt., Annapolis	, Md.
230	a. BURIAL, CREMATION, 23b. I REMOVAL (Specify)		METERY OR CREMATORY	23d. LOCATION (City ar Tawn)	- (Caunty) (State)
24	REMOVAL (Specify) Bur 1a 1	/21/69 Cedar	Bluff Cemetery	Annapolis	A A. Md.
		ping - Bareley 6. A	Lypany 25a. RECA	N RZ IS 3 AR 1969Sb. REGISTRARS	wer judge
	HOPPING FUNERAL	HOME - Amagnolis	DATE		11

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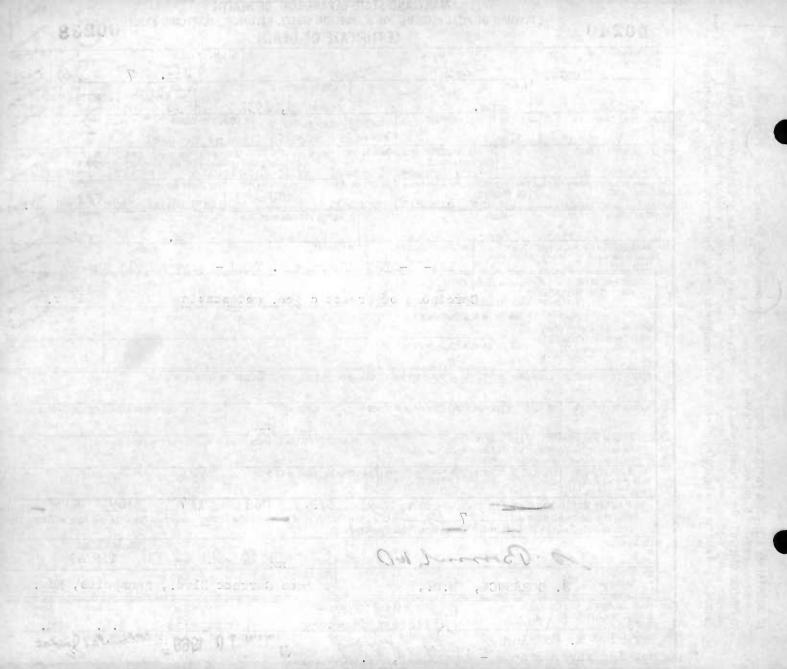
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items#5.6.7a.b & 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME 20. DATE KNOWNIT Month 2b. HOUR (Type or Print) ESTIiny delay is 2, and 3 ta PM3. Páge CHARLES DEATH MATED X STUTSON UNK UNK M IF UNDER 24 HRS. 4. RACE IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 3: HOUR January Dos Unknown 1969 male. P. M negro 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Exominer's Office olong with form DIVORCED Unknown Anne Arundel Unknown 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Give Pog during most of working life, even if retired.) give treet oddress) x 220, Jones Road INDUSTRY Severn 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Anne Arundel RR 2, Box 220, Jones Road lond 2 ofter 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH 4 should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY: permy Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) any event DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a). certificote should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remavol, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? partial WAS PERFORMED? the certificate, pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ō 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy 1. ond in my opinion Inspection Inquiry | director. deoth resulted from: Notural causes X Accident Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE 1/6/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health Werner U. Spitz, M.D. ADDRESS(Street, city, town, ar county) NAME (Type) 230. BURIAL CREMATION REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

11/23/3 .C. E. SHEW, T. BROWN A CONTRACT STATE OF THE PARTY O Sales of the sales

1		00240	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET CERTIFICATE OF D	ET, BALTIMORE, MAI	RYLAND 21201	00238	
death.		ECEASED-NAME First Type or print) Anna.	Middle Ruth	Lost	2a. DATE OF	DEATH  Month  Jan.  Pay	Yeor 1969	2b. HOUR
death-certificate be executed within 24 haurs after death trending physician and campletely filled in by the funeral rmit. Then please remave carbon papers. Pages 1 and 2 n, ar remaval, and in any event, within 72 hears after death	3. S	female	4. RACE	S. DATE OF BIRTH  June 28		6. AGE (In years	IF UNDER I YEAR	F UNDER 24 HRS. HOURS MIN
and campletely filled in by the funeral remaye carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	7o.	BIRTHPLACE (State or foreign ntry)  Virginia	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI	9. COUNTY OF			
Builtin 53		Annapolis	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospital	12a. USUAL OCCUPATION during most of working	(Kind of work done	12b. KIND OF BUINDUSTRY	
event,	13a.	USUAL RESIDENCE (Where deceose ission) STATE  Marryland	ed lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d.	. INSIDE CITY LIMITS? 13e. STI	REET AND NUMBER  9 Chinquap		
d in any	14.	FATHER'S NAME First William	Middle Lost Henry Vaks	15. MOTHER'S MAIDI	EN NAME First	Middle M.	Bowling	Last
oermit. Then please an, ar remaval, and i		WAS DECEASED EVER IN U.S. ARM		NO. 17. INFORMANT	H. Tapp - s	Address		
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		22b. SIGNATURE	· Banny h		MED. DIRECTOR		ATE SIGNED 1/8/69	
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shou			/9/69 Hiller	cemetery or crematory	<sup>11</sup> nna o		A. M	(Stote)
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				MAKTLANI	JAIE DEPAKTIV	TENT OF HE	ALIH		
	0024		DIVISION OF VI				ORE, MARYLAND 212	.01	
	00023			C	ERTIFICATE OF	DEATH		0023	9
	1. DECEASED-NAME	First		Middle	Last		2g. DATE OF DEATH		2b. HOUR
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54	rise ta immediate	cause (a),	(b) Cach					0 W	eeks
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		,	(c) Arte	rioscler	osis, genera	ll and ce	rebral	man	y years
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	OR CONTRIBUTING [		HOUR A.M. M	anth Day Year			(,		
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	22d. PHYSICIAN'S	-080	CYVVP	7	DEGREE PHYS.		TOK - PHYS	January :	21, 1969
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-/	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DA1		1/1	METERY OR CREMATORY	23	dy OCATION (City or Town)	(pupy)	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00242 00240 CERTIFICATE OF DEATH LOSVEN EYCK 1. DECEASED-NAME Eirst Middle 20. DATE OF DEATH 2b. HOUR death. death. (Type or print) neral Month JOHN CONOVER TENEYCK Year 969 :06PM January within 24 haurs after 4. RACE 3. SFX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Male Caucasian 27 June 1899 last birthday) ZHTINOM PAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York U.S. Anne Arundel lease remove carban papers and in any event, within 72 WIDOWED [ DIVORCED [ completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Annapolis Naval Hospital Government 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER be executed Maryland 13b. COUNTY YES NO 65 Shipwright Street Anne Arundel Annapolis 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Middle gud John Breckinridge Conover Tenevck Laura requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Yes burial, crematian, ar remaval, 1920-1940 120-05-7145 Hendrix NMN Teneyck Fayetteville, New York 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Right Cerebral Infarct and Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit (b) Thrombosis of Right Carotid Artery rise ta immediote cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ro Hospital OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital ar atte CAUSES OF DEATH? YES X NO [ TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from. thot (I) sow the deceosed olive on\_\_\_\_\_\_19\_\_\_\_, ond that causes stated above, (I) (we) (did) (did not) view the bady after deoth. , and that in (my) (aur) opinion death accurred on the date and haur and fram the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAVAL HOSPITAL, ANNAPOLIS, MD M. F. FORNES 23b. DATE BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) ADEUSRURG UNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DATER

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MARYLAND STATE DEPARTMENT OF HEALTH 00241 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00243 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2g. DATE KNOWN Month Day Year 2b HOUR (Type or Print) delay 1 nd 3 ta Page OF ESTI-Maude Thomasson V. af A M DEATH MATED land 2 with the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. Month Jan. Doy 4 ,69 T 5-1-23 Year 12:158 MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH form Anne Amundel2 Anne Arundel WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) North Arundel during most of working life, even if retired.) INDUSTRY Glen Burnie mesenila 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Anne Arundel 213 Otis Drive admission) STATE Md. Glen Burnies X No Office Item after 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last haurs pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRES (Yes, no, or unknown) (If yes give war or dates of service) File APPROXIMATE INTLRVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) certificate shauld be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart. hEUMATIE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate cause (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 forwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO) YES 🗍 pe 21o. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial. Inspection . 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inquiry (X) and in my apinian Natural causes Accident . death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 5 may 170 FUNE **EXAMINER'S** 00 NAME (Type) ADDRESS(Street, city, tawn, or county) 230C BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOGATION (City or Town) (County) (State) R&MOVAL (Specify) 7-6 Sural 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR Markey VR A15ME (5

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ATI ATI		22b. SIGNATURE	1 11-		22c.	DATE/SIGNED /	
OR be r DIRE		K.M.	Mc Faughlen.	M. D. DEGREE PHYS. D	ED. STAFF PHYS.	117/69	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-traishould be filed with the State Dept. of Health priar to burial, cre		22d. PHYSICIAN'S NAME (Type)	Mc Laughlin	m. D. 3708 M	unfam Rd. Va	Bradens, Md.	
HO Bge Fun houl	23a.	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) 2 / (Stone)	
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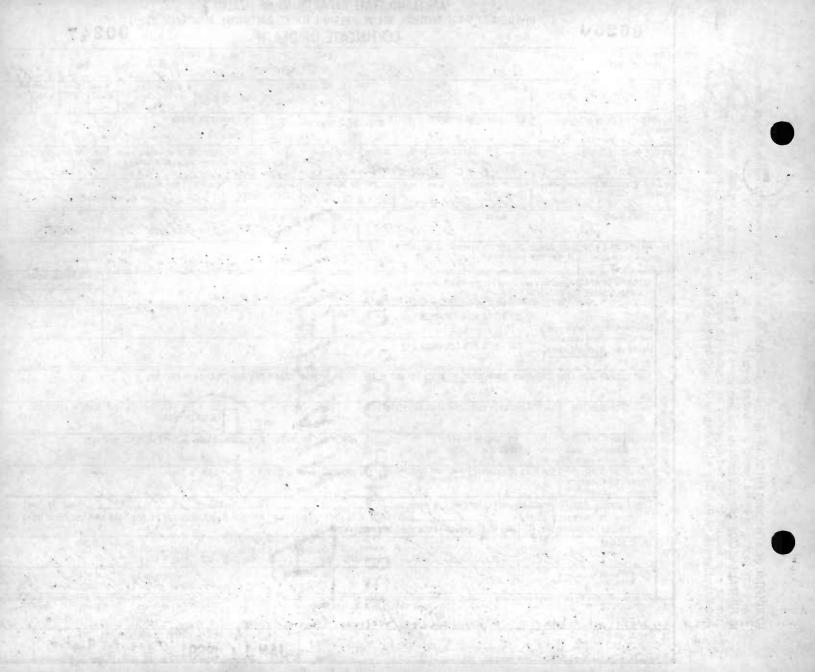
164cm 1	I		ND STATE DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15410	I		CERTIFICATE OF DEATH
ath of the state o	1. D	DECEASED-NAME First Middle (Type ar print)	Last 2a. DATE OF DEATH  Anoth 17 Day 69 Year 2P. M
fer de	3. S		S. DATE OF BIRTH  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lost birthday)   Months   OAYS   HOURS   Min.
hours offers hours offer	7.	Female Negro  BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	4-1-16 52 YRS.
d in b pers.	cau	intry) U.S.A	widowed Divorced Anne Arundel Md.
vithin 24 silled soon pape within 72	1	CITY OR TOWN OF DEATH  ROWNSVILLE  11. NAME OF HOSPITAL OR IN give street address)  STATE  HOS	ISTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
ecuted with completely ave carborry y event, with the complete carborry or event, with the complete carborry or event, with the carborry or event, which is the carborry or event, with the carborry or event, which is the carborry or event.	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before hission) STATE 13b. COUNTY Anne Arundel	13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   Crownsvilla   YES   NO
and co	-	FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle Lost
certificate be executed within 24 haurs after death a physician and completely filled in by the fundal hen please remave carbon papers. Pages and amoval, and in any event, within 72 hours effected eath		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY	NO. 17. INFORMANT Address
quires that the death physician. signed by the attendin burial, crematian, ar re		18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	noma of the off breast
PHYSICIAN: The law re he haspital or attending this certificate has been elatoched for use as the bept, of Health prior to		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	YES NO CAUSES OF DEATH?    21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
PHYSICI ne haspit this certif etached Dept. af	MEDICAL	Tif either, notify medical exominer   P.M.   1   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA   While   at wark   at w	19 21f. LOCATION Street or R.F.D. No. City or Town County State
HOSPITAL OR ATTENDING age 4 may be retained by the FUNERAL DIRECTOR: After the irector, page 3 shauld be de hauld be filed with the State		22a. I certify that (I) (this haspital) attended the decease sow the deceased alive on causes stated abave, (I) (we) (did) (did not) view the 22b. SIGNATURE	sed from 10 - 20, 19 65, to 1 - 11, 19 69, that (I) (we) lost 19 2, and that in (my) (our) opinian death occurred on the date and hour and from the bady after death.  DEGREE ATTENDING DIRECTOR STAFF PHYS. 22c. DATE SIGNED  22c. ADDRESS
HOSPII age 4 m FUNER lirector,	230	NAME (Type) 4/601 TO FOR BURNAL (REMATION, REMOVA) (Specify) 23, 24, 69 23, 10 ME OF	CEMETERY OR CREMATORY School (County) (Stote)  Wed Wed School Rolling (My)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITHMORE, MARYLAND 21201  O 2 4 6  CERTIFICATE OF DEATH  In Middle  In
Deceased Name   First   Middle   Lost   Lost   Lost   Month   Day   Year   2b. Hours   Months   Day   Day   Months   Day   Months   Day   Day   Months   Day   Day   Months   Day   Da
(Type or print)  Arthur R. Watson  3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years lost birthday) YRS. HOURS 7 MIN  MONTHS DAYS HOURS 7 MIN  MICHIGAN AMERICA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  MINDUSTRY
70. BIRTHPLACE (Stote or foreign country)  70. BIRTHPLACE (Stote or foreign country)  71. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)  72. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)  72. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  73. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before light of the part of the
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SE DE SE SE SE CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   217. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 ar Part 2, Item 18.)
County Street of P.F.D. No.   County of John Street of P.F.D. No.
Stote    State   State
While Not while at work at work
22a. I certify that (I) (this haspital) attended the deceased from 122, 19 6, ta 1/6, 19 9, that (I) (we) lo
saw the deceased glive an 19 (2) and that in (my) (aur) apinian death accurred an the date and haur and from the
रवuses stated abave, (I) (we) (did) (did nat) view the bady after death.
22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
Z2d. PHYSICIAN'S ALADA COLANIE 22e. ADDRESS SEC ALL LACO PLANE
NAME (Type) MAX C FR 470 K AD 425 SG 147chi fly Oley Sump N
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)
DEGREE PHYS. DIRECTOR
230. BURIAL (REMATION, PEMOVAL (Specify), S JAN, 1969 G/en Haven Pen George George Approximation and press 23d. Location (City or Town) (County) (Store)

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
- 1		00250 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
uneral y and 2 ir death.		DECEASED-NAME (Type or print) Charles Middle Last Weiger January by 1969	2b. HOUR
die fü	3. 5	Male 4. RACE S. DATE OF BIRTH 1894 6. AGE (In years IFUNDER I YEAR IF UN MONTHS DAYS HOW 74 YRS.	NDER 24 HRS. JRS MIN.
event, within 72 hours	70. cau	BIRTHPLACE (State or foteign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED OF DIVORCED	М
within 60		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if refixed.)  12a. USUAL OCCUPATION (Kind of work dane during most of working life even if refixed.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if refixed.)  12b. KIND OF BUSIN	NESS OR
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burial, crematian, ar removal, and in any —	14.	FATHER'S NAME First Middle Last UEIGER IS. MOTHER'S MAIDEN NAME First Middle Last Catherine and Achiet	3·
/al, and	160	2. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 181-03-1146 W.S. Annua Ulkeyer Address	_
		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	NTERVAL AND OEATH
5		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral thrombones 6 mon	. /
E .		4339 DUE TO, OR AS A CONSEQUENCE OF	
		Canditians, if any, which gave rise ta immediate cause (a), (b)	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		none	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	YING
	E E	YES NO CAUSES OF DEATH?	
	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19.M. 19	
	ME	21d. INJURY OCCURRED While Nat while at wark at wark at wark	State
		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
-		22d. PHYSICIAN'S NAME (Type) F.M McLaugh In 3708 Monutain Rel. Paradeno.	hu
	230		itate)
	230	23c. NAME OF CEMEJERY OR CREMATION, 23b. DATE 23c. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City or Town) (County) (St	iu.e,
tho		FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	
6		verna Park, Md. 21146 Barranco, odf N 14 1969	



4-14		tem8 FilmGlo9 MARYLAND STATE DEPARTMENT OF HEALTH /17/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	00251 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	248
HEALTH DEPT.		DECEASED-NAME First Middle Lost (WILFONG) 20. DATE KNOWN Month C	oy Yeor 2b. HOUR
s p 60 to		(Type or Print) ALICE E. WELFONG OF ESTI- Jan. 2	3, 169 1:15M
delay 33 Pa	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   2d. DATE PRONOUNC	2d. HOUR
1, 2, m P	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 9. COUNTY OF DEATH	14 W
arm, arm	cour	NEW JERSEY U.S.A. WIDOWED DIVORCED Anne Arundel	Md
Give Pages 1, and with farm and with farm		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 11)	Bb. KIND OF BUSINESS OR
The Park	1	North Arundel Hospital   Housework	DUSTRY UUN HOME
aurs after death im 18. Give Pag fire alang with ndewith the Sto	130.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN or December 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 17dmission) STATEMARY 1 Anne Arunde 1 Glen Burnie 1 YES NO 1 174 Virginia Ap	t. J.
	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in It in It ir's O		FRANK H. EGGERS MARY L. MCDONALD	
within 24 pencil in xaminer's ile pages 72 haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS  Mr. Or William (husband)	
with per xan	M	O Mr. Orville Wilfong (husband)	Same as#13
should be executed in a the Chief Medical Esburial-transit permit. Fin any event within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" ii Medical permit.		// IMMEDIATE CAUSE (o) Bronchopneumonia	E(12/186)
be exemple in the property of		Conditions, if ony, which gove	
d b d :: Chik tran tran		rise to immediate couse (o), (b)	
should be e ward "pe in the Chief in any ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	A TOUR
This certificate should cate, writing the ward be farwarded ta the Cl be used as a burial-trans or remaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate te, writing the farwarded to e used as a b remaval, and	7	Diabetes Mellitus	
certifi writ arwar used mava	ATIO	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This (cate, be fa	CERTIFICATION	WAS PERFORMED?	YES K NO
#_ P 0		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	18.)
DEPUTY DICAL EXAMINER: scessary, please execute the certine funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld prior to burial, cremation.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
L E) Recurrence Page or ) R: P		22a. I certify that I taak charge af the remains described above, held an Autapsy X, Inspection , Inquiry ,	and in my apinian
ICA e ex ed 1 ed 1 CTO		death resulted from: Natural causes 🗓 Accident 🗍 Suicide 🗍 Hamicide 🗍 Undetermined manner	
please I director retaine or to b		CHIEF MEDICAL EXAMINER	
JTY DICA iny, please e eral director be retained RAL DIRECTOR	101	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X 22b. DATE SI	
		EXAMINEKS Description	4/69
necessary, please es the funeral directar. S may be retained to FUNERAL DIRECTO Health prior to bur	02		
7 - 50	230	REMOVAL (Specify)	ounty) (State)
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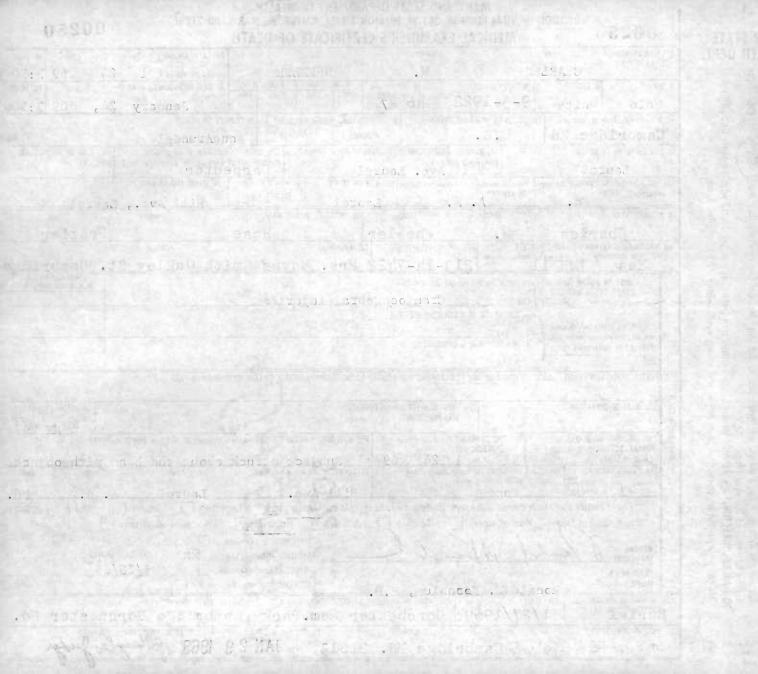
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00250 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWNE Lost Month Doy Year 2b. HOUR (Type or Print) deloy and 3 to Poge ESTI-CHARLES 50 W. WHEELER 3:30M 1 24 169 DEATH MATED 1 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS 2c. DATE PRONOLINCED DEAD 2d. HOUR P.M3. partme burthday) HOURS 9-3-1922 January Male White 16 1969 3:300 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form country mbridge Md U.S. WIDOWED [ DIVORCED [ AnneArunde1 in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Hill Ave. Laurel during most of working life, even if retired.) INDUSTRY Laurel 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Md. and 2 \ Laurel Hi11 Laure ofter 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Charles Wheeler Rose Frazier icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's poges hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) 213-14-7422 Mrs. Wayne Smith Oakley St. es Cambridge within This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Craniocerebral injuries IMMEDIATE CAUSE (a) ... event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gave rise to immediate couse (a). ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ guo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removol CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ploods should PRIMARY R OR CONTRIBUTING HOURAKNE cremation, CAUSE OF DEATH P.M. 24 19 69 Subject struck about the head with object ATION Street or R.F.D. No. City or Town County State 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. factory, office building, etc.) WHILE AT WORK AT WORK Home Hill Ave. Laurel 22a. I certify that I taak charge of the remains described above, held an Autopsy XX Inspection Inquiry and in my apinian death resulted frem: Natural causes Suicide [ ]. Accident Hamicidexx Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED tunerol FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1/25/69 TO FUN Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Ronald N. Kornblum, M.D.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY the 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) 1969 Dorchester Mem. Park Cambridge Dorchester Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 5 Cambridge Md. 21613

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 00254 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR certificate be executed within 24 haurs after death (Type or print) Jan. Vasseni Wilkinson 2:000 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS ending physician and campletely filled in by the MI. Then please remave carban papers. Pager ar removal, and in any event, within 72 hours of 23 Aug. 1875 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore, Mi. USA WIDOWED 3 DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life even if retired.)
Housewife Own Home Bay Manor Nursing Home Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO J Quarterfield Road Severn 14. FATHER'S NAME Middle lost 1S. MOTHER'S MAIDEN NAME First Middle Hoppe Zoeller Matthias 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) same as 13 Mrs. Naomi Care. no APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) dear PART I. DEATH WAS CAUSED BY attendi IMMEDIATE CAUSE (a) burial, crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior ta CERTIFICATION OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 2/23, 19/25, to 19/25, 19/ couses stated abave, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 10 Jan. 69 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Severna Park, Md. Ray Smith 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mt. Olivet Cemetery
ADDRESS 250. Md. Baltimore 250. REC'D BY REGISTRAR. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Kirkley Funeral Home, Glen Burnie, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00255 00252 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle and 2 death. Lost 2o. DATE OF DEATH 2b. HOURP death. uneral (Type or print) Reese WIMBROW none January 3 SEX 4 RACE 24 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost\_birthday) HOURS White April 9, 1892 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXNEVER MARRIED 9. COUNTY OF DEATH U.S. DIVORCED Maryland WIDOWED [ Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Gen. Hospital Annapolis Anne Arundel burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Anne Arundel YES NO 100 Archwood Maryland Annapolis 14. FATHER'S NAME and Middle Lost 15. MOTHER'S, MAIDEN NAME First Lost requires that the death certificate be WIMBROW OHN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. Yes 10 of known) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar to has been OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO XX use YES [ this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached f te Dept. af f (If either, natify medical examiner) / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) ottended the deceosed fram 12-19, 1968, ta 1-10 be retained by 1969, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceosed alive on\_\_\_\_ be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. TO HOSPITAL (Page 4 may b PHYSICIAN'S 22e. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. director, shauld b 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) ARSONS ADDRESS Sows

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH  1. DECEASED-NAME (Type or print)  Russell (none)  Negro  S. DATE OF BIRTH  July 14, 1884  To BIRTHPLACE (Stote or foreign country)  To	
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(Type or nort)	HOUP.
Russell (none) WIFFLE January 28 1969 5:3	30 M
3. SEX 4. RACE S. DATE OF BIRTH A. RACE S. DATE OF BIRTH July 14, 1884  S. AGE (In years   If UNDER 1 YEAR   IF UNDER 1  I OSTABLISHMENT   DAYS   HOURS    MONTHS DAYS   HOURS    OSTABLISHMENT   DAYS   HOURS    OSTABLISHMEN	24 HRS.
183.	
7a. BIRTHPLACE (Stote or foreign North Carolina U.S.  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED XX DIVORCED Anne Arundel	
ID CITY OF TOUR! OF PEATH	Md
1D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)  12b. KIND OF BUSINESS (INDUSTRY)	OR
Annapolis Anne Arundel Gen. Hospital	
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14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SCURITY NO. 17. INFORMANY.	
Yes, na, ar unknawn) (If yes give war or dates at service) 16b. SOCIAL SECURITY NO. 17. INFORMANY.	1/
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10. CAOSE OF DEATH (Line) unity one cause per fille (a), (b), (iii)	ATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia  Uremia	
DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave)  Renal failure  2 months	
rise to immediate cause (a). (b)	
stating the underlying cause    DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Malnutrition due to primary carcinoma of larynx	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES XX NO  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (STANDARD POR DEAD A 18 18 18 18 18 18 18 18 18 18 18 18 18	140
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22a. I certify that (I) (**********************************	m the
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22b. SIGNATURE 22c. DATE SIGNED	(0
DEGREE PHYS. DIRECTOR PHYS. January 29,196	09
22d. PHYSICIAN'S NAME (Type) Charles W. Kinger M.D. 22e. ADDRESS 16 Mannay Ave. Appendix Med 21401	
onaries w. Minzer, M.D. 116 Murray Ave., Annapolis, Md.	
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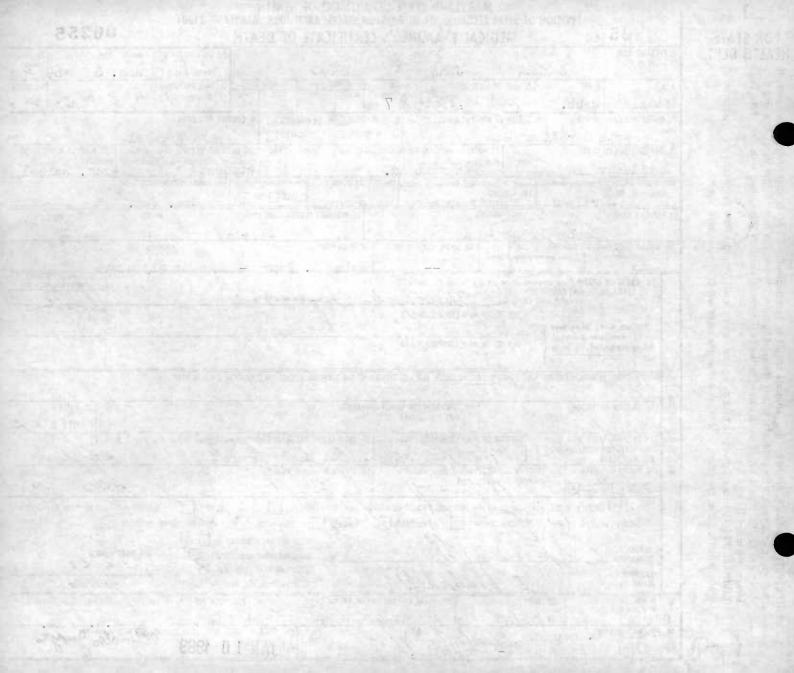
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J. J		couses stoted obove, (I) (	(did) (did not) view the	oody ofter deoth.	pon goon. ottomod on mo	
A SP		22b. SIGNATURE	11.	ATTENDING	MED. STAFF	22c. DATE SIGNED
OR ATTEND be retoined DIRECTOR: A pie 3 should ed with the		K.M.M. Face	ghlin	DEGREE PHYS.	DIRECTOR PHYS.	2/1/69
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First . DECEASED-NAME Middle lost 20. DATE KNOWN Month 2b HOUR Yeor (Type or Print) ESTIand 3 to OF SANDRA JEAN YOUNG d. Jan. 1969 DEATH MATED ment 4. RACE 6. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. April 18.1961 female cane. pd 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K 9. COUNTY OF DEATH 4 should be forworded to the Chief Medical Examiner's affice along with form WIDOWED DIVORCED [ North Carolina USA Anne Arundel Give Pages the State, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Davidsonville Patuxent student elem. schoo 24 haurs after 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY in Item 18. NO NO dune Arundel Davidsonvil after Middle Lost 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle Bobby Eugene Louing hours Shirley podes pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no. or unknown) (If was give war or dates of service) File Bobby E. Young - sace as #13 shove no APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES M NO M pe 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should l PRIMARY TOR CONTRIBUTING MEDICAL cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town County Stote foctory, office building, etc. WHILE NOT WHILE AT WORK 10 22a. I certify that took charge af the remains rescribed above, held an Autapsy ... Inspection and in my opinian the funeral directar. Accident . Suicide death resulted from: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 1-6-69 DEPUTY MEDICAL EXAMINER 5 moy to FUNER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria 10/69 Epiphany Episcopal REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR; 2So. REC'D BY REGISTRAR 2Sb. Hopping / VR A15ME (5) DATE AN TO FUNERAL HULE - Annabolis

MARYLAND STATE DEPARTMENT OF HEALTH



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